



PETITION FOR REINSTATEMENT

Name: _____ Student ID# _____

Last _____ First _____ M.I. _____

Address: _____

Street _____ Apt# _____ City _____ Zip _____

Contact Phone #: _____

Email: _____

Year/Quarter of intended re-enrollment: _____ Fall Winter Spring Summer

Intended academic program (major): _____

Completion Coach or Counselor: _____

You may submit a request for re-enrollment upon completion of the required two-quarter academic dismissal period.

Please complete this form and send it to:

Dean for Student Retention and Completion
Columbia Basin College
2600 N 20th AVE., MS-H8
Pasco, WA 99301-3379

- Attach to this form a full explanation of your academic transcript, your pattern of past performance and your proposed strategy for academic success. It is your responsibility to provide evidence to suggest you will be successful from this point forward.
- Please understand that completing this petition does not guarantee re-enrollment.

I am hereby requesting to re-enroll at Columbia Basin College. I understand that I may be contacted by the Dean for Student Retention & Completion for further information, if needed. I further understand that the College is not obligated to reinstate me, and my request for reinstatement does not guarantee any rights to re-enrollment.

Signature: _____ Date: _____

Office Use Only Date petition received in Counseling/Advising Office _____

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, Title IX, equal opportunity and affirmative action. CBC does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, parental status or families with children, marital status, sex (gender), sexual orientation, gender identity or expression, age, genetic information, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal (allowed by law) by a person with a disability, or any other prohibited basis in its educational programs or employment. Questions or complaints may be referred to the Vice President for Human Resources & Legal Affairs and CBC's Title IX/EEO Coordinator at (509) 542-5548. Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability, and require accommodation, please contact CBC Disability Support Services at (509) 542-4412 or the Washington Relay Service at 711 or 1-800-833-6384. This notice is available in alternative media by request.