

## Petition for Academic Reinstatement (IDIS Students)

**Directions:** Complete petition providing answers to **all** questions. Attach any additional explanations, and/or doctors' statements which you believe are warranted. **Please print in ink. One word responses will not be accepted.**

1. Name \_\_\_\_\_ Student ID Number \_\_\_\_\_
2. Email address: \_\_\_\_\_
3. Last term and year completed at any DCCCD Campus? \_\_\_\_\_
4. What term and year are you petitioning for reinstatement? \_\_\_\_\_
5. Have you attended another college since leaving a DCCCD campus? { } Yes { } No. If yes, when and name(s) of college(s): \_\_\_\_\_

### Academic Issues

<p>Check the item(s) below to indicate how you deal with obstacles to understanding material presented in class:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Speak with professor</li><li><input type="checkbox"/> Speak with advisor or mentor</li><li><input type="checkbox"/> Go to tutoring or Supplemental Instruction</li><li><input type="checkbox"/> Join a study group</li><li><input type="checkbox"/> Other (please describe): _____</li> <li><input type="checkbox"/> Don't do anything</li></ul>
<p>Check the following types of tests with which you experience difficulty, if applicable.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Multiple Choice</li><li><input type="checkbox"/> Essay</li><li><input type="checkbox"/> Fill-in-the-blank</li><li><input type="checkbox"/> Short Answer</li><li><input type="checkbox"/> True/False</li><li><input type="checkbox"/> Performance-Based / Hands-On Demonstrations</li><li><input type="checkbox"/> Other (please specify): _____</li> <li><input type="checkbox"/> I do not have difficulty taking tests.</li></ul>
<p>Check the response(s) below to indicate your preferred learning style(s), if you know:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Visual</li><li><input type="checkbox"/> Auditory</li><li><input type="checkbox"/> Tactile/Kinesthetic</li><li><input type="checkbox"/> Don't know</li></ul>
<p>Do you experience academic difficulties in large classes (e.g., 75 students or more)?</p>
<p>Do you have difficulty concentrating when you read?</p>
<p>Have you ever taken a class for which you did not understand the syllabus?</p>
<p>Have you ever taken classes that you either did not like or did not hold your attention? If so, list them below.</p>
<p>List campus resources that you know offer special services to students:</p>

Which of these resources have you used?
Do you have a quiet place to study with no distractions?
Do you think you need to consider changing your major? Why or why not?
Have you passed all the courses you have taken that were related to your major?
<b>Personal Issues</b>
Did you have personal issues that impacted your studies?
Examples are: Worried about parents' expectations, Financial concerns, Little or no motivation, Homesick, Relationships, Health problems, and Use of alcohol and/or drugs
Did you work during the previous semester?
If yes, how many hours per week?
Was your work on or off-campus?
<b>Please provide specific and detailed answers to the questions below.</b>
What do you feel were the most important reasons for your academic difficulty?
How do you plan to improve your grades this semester?
What kind of help do you feel you need to improve academically?
Identify two (2) resources you will use while on academic probation to enhance your academic performance.
How will your demands on your time be different this semester?

**Conditions for reinstatement:** If reinstated, I agree to follow the reinstatement recommendations of the Probation Advisors. I realize that if my petition for reinstatement is denied, I must wait at least one semester before filing another petition. I also understand that the Probation Advisors may limit the amount of semester hours taken as well as I may be required to take a probation course as part of my reinstatement conditions.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* OFFICE USE PLEASE DO NOT WRITE BELOW \*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED INITIALS/DATE:

DENIED INITIALS/DATE: