

IVC Student ID #: _____

Date of Birth: _____

Student's Name: _____
Last First Middle

Email address: _____ @ _____ Daytime/Cell Phone: _____

Desired Term of Readmission:

To complete this form, select which of the following condition(s) applies to you:

I have not attended IVC or Saddleback College for at least one semester.

I have successfully completed my most recent semester (received a grade of *A*, *B*, *C*, or *Pass* in all classes, and no *W* or *No Pass* from any classes).

I have attached documentation to support an extenuating circumstance (illness, accident or other circumstance beyond my control).

To appeal your dismissal status and request to enroll:

- Be thorough and provide details and timelines in your explanation. Do not be vague; your student statement is a significant piece of information in evaluating your appeal.
- Attach additional sheets or pertinent documents if needed, and print your name/ID at the top of each page.
- If you have attended another college, attach an unofficial or official transcript.
- Attend a Dismissal Workshop and attach a copy of your Contract for Academic Success.
- All information submitted is confidential.
- When completed and submitted, this form will be reviewed by committee. After review, you will be notified of the committee's decision. Please allow up to two weeks for review.

Note: High school students who participated as Special Part-Time students and were dismissed due to probationary status will not be considered for readmission/appeal until after high school graduation

Were you employed during the semester of your dismissal? Yes No Hours per week you worked? _____

How many hours do you plan to work if readmitted? _____

Explain in detail your extenuating circumstances that contributed most to your poor academic performance and attach any supporting documentation. (If more space is need attach separate sheet)

How have you addressed your extenuating circumstances so that you will be more successful in your classes? Please attach any supporting documentation. (If more space is need attach separate sheet)

Student Signature: _____ Date: _____

For Use by Office of Admissions and Records only

Status: Appeal Readmit

Committee Member: _____ Approved Denied Unit Limit _____

Committee Member: _____ Approved Denied Unit Limit _____

Committee Member: _____ Approved Denied Unit Limit _____

Final Decision Date: _____ **Approved** **Denied** **Unit Limit** _____

Comments:

Office actions: Units Updated
 Application Processed (for Readmit) Student Notified via: