



Victor Valley College Petition for Reinstatement

(Please Print)

Student Name _____ VVC ID# _____ Date _____

Phone/Cell _____ Address _____ City/Zip _____

I am asking to be reinstated for the Fall Semester 20__ Spring Semester 20__

Academic – GPA below 2.0 _____ Progress – Less than 50% of courses completed Both _____

Fill out the next sections clearly and completely; be specific in your answers. You are encouraged to provide and attach any supporting documents that you believe would assist us in making our decision about your possible reinstatement.

Please tell us why you think you should be reinstated to Victor Valley College.

If you are reinstated, what will you do to improve academically? Specifically describe how you intend to be a successful student now.

To find out if your petition has been approved or denied contact Admissions and Records.

IMPORTANT - If I am reinstated, I agree to meet with a Victor Valley College Counselor to complete a new “Academic Success Contract.” I understand that it is my responsibility to satisfactorily complete the terms of the new “Academic Success Contract.” My failure to do so may result in my permanent dismissal from Victory Valley College.

I ACCEPT THESE TERMS.

Student Signature _____ Date _____

Do not write below this line. For office use only.

Committee met on this date _____ Decision: Accepted Denied

Reason for denial:

Committee Signature _____ Date _____