

Petition for Academic Reinstatement

Registrar's Offic

PLEASE BE AWARE, THIS IS NOT A FINANCIAL AID APPEAL FORM

Treasure Valley Community College is committed to support student success. We wish to assist you with college resources in order to help you succeed and plan a strategy that fits your needs. Your appointment with the Vice President of Student Services is intended to assess what these needs are and how we can aid in your success. Caldwell students please call and make an appointment with the Dean of Outreach at the Caldwell Center at 208.455.6823.

Students who have received a quarterly grade point average (GPA) of less than 2.00 for three consecutive quarters and who wish to re-enroll at Treasure Valley Community College must be reinstated by the college. Carefully complete the student's section below and call 541.881.5815 to make an appointment with the Vice President of Student Services. Please bring this completed and signed form to your appointment.

Print and complete the following:

ast Name	First Name City	Middle Initi	al	Student ID Number	
Mailing Address		State	Zip	Phone #	
My last attendance at T	reasure Valley Community College was	 Term	Year	_	
am requesting to re-er	nroll at Treasure Valley Community Colle			-	
	,	Term	Year		
describe why you think specific, as this is your c return as an enrolled st	nditions that you believe caused your poor your academic record will improve if you popportunity to declare your ability and in udent at TVCC. (You may write your stated evening phone numbers. Attach your	ou are reinstated a ntentions to becor rement on a separa	t Treasure Valley Com me academically succ ate paper if you wish.	munity College. Please be essful and to petition to Include your name, Studen	
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		tudent Signature	· 	Date	

www.tvcc.cc · 650 College Boulevard, Ontario, OR 97914 · (541) 881-8822 · (541) 881-2723 (TTY)

For Office Use Only				
Do not reinstate	•			
Reinstate under the fo	llowing conditions			
1.				<u>.</u> .
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2.				
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3.		<u>. </u>		* <u></u>
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5. ————	<u>_</u>			·
Required Actions	<u> </u>			
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If reinstated, I understand and agree to my option to enroll in future classes an	o honor the condition nd require a meeting	ns of reinstatement above with my advisor and the D	. I understand that fai Dean of Student Servi	lure to do so may revoke ces.
Vice President of Student Services	Date	Student's Signa	iture	Date
Hold removed	Transcript Com	ment Entered	. Letter Sen	†