



FOOTHILL COLLEGE

PETITION FOR ADMISSION AFTER DISQUALIFICATION

Instructions:

***PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE**

***LOCKED DEGREEWORKS ED PLAN (3 TERM MINIMUM) REQUIRED**

***APPROVALS MAY COME WITH RECOMMENDATIONS FOR UNIT RESTRICTIONS**

Name: _____ CWID #: _____

Major: _____ Date: _____

(CIRCLE RE-ADMISSION QUARTER) FALL WINTER SPRING SUMMER YEAR _____

Educational Goal:

1. How many hours do you plan to work per week? _____

2. Have you taken courses outside of Foothill College? If yes, when and where?

3. Please explain the barriers that prevented you from being successful at Foothill College?

4. During your time off from Foothill College, what have you done to address these barriers?



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5. Now that you feel ready to return to Foothill College, what will be your plan of action for success? Please include: The number of hours per week you will study, where you will study, how you plan to actively participate during class time, and the resources you plan to use throughout the quarter.

6. Is there any additional information you would like the Academic Council to take into consideration when reviewing your petition?

Student Signature: _____ Date: _____

Counselor Comments:	FOR ACADEMIC COUNCIL USE ONLY
<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> No Recommendation	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Other
Counselor Signature: _____	Signature: _____
Counselor Printed Name _____	Printed Name _____