

LOS ANGELES CITY COLLEGE

855 N. Vermont Ave. Los Angeles, CA 90029

PETITION FOR READMISSION

1. The student to be readmitted must see a counselor to complete a Student Educational Plan. Please make a counseling appointment at Window AD-103.
2. Please bring the completed petition and application for admission to your counseling appointment.
3. The petition process will take 3 to 5 working days. Student will be able to register for classes after appeal is processed.

Name: _____ Student ID #88 _____
(PRINT LAST NAME) (FIRST NAME)

Address: _____

Telephone: _____ Birth Date: _____

Today's date _____

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Please, write or print clearly your detailed explanation and/or reasons you are filing a petition to be readmitted. It is also important that you attach any documents or evidence which supports your petition. If additional space is needed, please continue on the reverse side.

FOR OFFICE USE ONLY

ACADEMIC PROBATION

PROGRESS PROBATION

ACADEMIC & PROGRESS PROBATION

UNIT LIMIT: _____

ACTION DATE _____
(need counselor's signature below)

APPROVED BY: _____

DENIED BY: _____

PROCESSED: _____
ADMISSIONS _____ COUNSELING _____ MATRICULATION: _____