

APPLICATION FOR REINSTATEMENT TO SOUTH SEATTLE COLLEGE

Name: _____ Student Number (required): _____
Address: _____ City, State, Zip: _____
Contact Phone #: _____ Email (required): _____
Counselor's Name: _____ Are you employed? _____ If yes, weekly hours: _____
Program of Study: _____

1. Please write a statement that addresses the following:

- Explain, on a separate page, any circumstances that have prevented you from meeting South Seattle College's academic standards.
- Explain in detail why you think you will be successful if reinstated.
- Outline the steps you will take to improve your academic standing.

2. Faculty or Counselor letter of support – no more than two (optional).

3. Attach all relevant documents to the Application for Reinstatement.

- Contact your department Dean to arrange a time to deliver and discuss this application and supporting documents.
- Attach an unofficial transcript to this application (Printed from within My South).
- The application is due no later than two weeks before the start of the quarter for which you are requesting reinstatement.

In signing this reinstatement application, I acknowledge that failure to disclose and submit complete and accurate information, along with all required documents, will result in denial of readmission to South Seattle College. I understand that if I am reinstated, I will continue to be on Academic Probation and must meet with a Counselor to complete the registration process and to arrange for ongoing academic counseling. I understand that failure to maintain a quarterly GPA of 2.0 or higher will result in Academic Suspension for 4 consecutive quarters from that point forward.

Student Signature

Date

Program of Study Dean Signature Indicating Approval

Date

Reinstatement Quarter (required): _____

Student must hand deliver the completed Application to the Registration Office in the Robert Smith Building if approved by the Program of Study Dean.