

## Los Angeles Valley College

5800 Fulton Avenue Valley Glen, California 91401-4096

## WAIVER OF DISMISSAL/ READMISSION PETITION

Last Name	First	First Name							
Student Identification Number		///							
		2410	_						
LACCD Email Address		Cellu	Cellular Telephone Number						
1. I was dismissed: ☐ Fall ☐ Spring Yea	ır:								
2. I last enrolled at a LACCD College: ☐ Fall	☐ Winter ☐ S	pring $\Box$	Summer '	Year:					
3. I would like to:									
□ be Re-Admitted to Los Angeles Valley Control I have not been enrolled at LAVC or any other LAC in the past two major semesters (Fall/Spring) and permission to re-enroll. I understand that I MUST online admissions application.  You MUST complete an online Admissions Application.	CCD college I would like complete an	R	I was dismisse to continue m	ed at the end ny enrollment	or <b>Dismissal Penalty</b> of last semester and would like at Los Angeles Valley College major semesters off.				
<ol> <li>I have lost, and am requesting the reinst</li> <li>☐ Enrollment Priority</li> </ol>	atement of: Loss Effective:	☐ Fall	☐ Winter	☐ Spring	□ Summer				
☐ California College Promise Grant	Loss Effective:	☐ Fall	☐ Winter	☐ Spring	□ Summer				
Fo the student:  Use reverse side of this form to explain the re have taken/ will take to improve your acaden		grades and	d/or frequent	withdrawals	and what measures you				
Attach documents, to verify and support you	r reasons for poor aca	ndemic per	formance.						
Make an appointment with a counselor to dis	scuss dismissal and to	complete	a comprehen	sive STUDEN	T EDUCATIONAL PLAN.				
Please submit ALL documents to the Office of College notifying you that you have been disr For your petition to be complete, you must so	missed or the deadline	e for readr	nission publisl						
<ul> <li>Completed Waiver of Dismissal</li> <li>Documentation supporting the</li> <li>Admissions Application require</li> <li>Comprehensive Student Education</li> <li>A copy of the Certificate of Control</li> </ul>	reasons for your acaded if applying for readitional Plan developed	demic perf mission. I with a co	unselor based	on your disn	nissal status.				

Your petition will be reviewed within 15 business days, and you will be notified by email to your LACCD Email Account.

Please continue my enrollment at/ readmit me to Los Angeles Valley College for the following reasons:							

## **For Office Use Only**



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Cum GPA: Last Sem. GPA:				
Cum %: Last Sem. %:				
LOB Effective Term:				
Enroll Priority Terms:				

PETITION FO	R WAIV	ER OF DISMISSAL AND	READMISS	ION R	EQ			rity Terms:		
_ast Name,		First Name			 Stud	dent Identific	ation Number			
			Waiver of Dismissal				Readmission			
Petition										
Admission Application										
Semester-by-Semester Student Educational Plan										
Student Statement										
Docu	ments sup	porting student's stateme	ent							
Proof of Participation in Online Probation Workshop										
Unofficial Transcript										
Deadline:// Met Deadline										
	Hold	ACADEMIC Effective Date	Term	n			PROGRESS tive Date	Term		
Dismissal:										
Probation:										
Probation:										
Probation:										
Probation:										
			For Offic	ce Use	e Ol	NLY				
Committee R	ecommer	ndation:								
□ Approved for Enrollment:										
o Fall				Incomplete Application (see above for required documents)						
							nd compellir	ng reason.		
o Spring Follow Student Educational Plan										
□ Enrollment Limited to: Units										
Notes:										