

SFCC Academic Standards Office

APPLICATION FOR REINSTATEMENT (A4)

Complete this form thoroughly and thoughtfully. Attach your Personal Statement described below in a separate Word Document; handwritten statements **will not** be accepted. Provide additional documentation to support your application if applicable.

Submit to Karen Gower, SFCC Admissions and Registration, Bldg 17.

Legal Name: _____ SID #: _____

Last
First
Middle
Suffix

Address: _____ Phone: _____

Address
City
State
Zip

E-Mail Address: _____

What is your proposed program? _____ Last enrolled at SFCC: _____

Quarter
Year

Reinstatement application for: _____

Quarter
Year

Since last enrolled at SFCC, I have attended or will be attending the following institutions. Please include summer school attendance. I understand that complete, official transcripts must be received before a final decision will be made.

Name of Institution	Location	Month/Year Registered	
		From:	To:
		From:	To:
		From:	To:

PERSONAL STATEMENT

Your personal statement is crucial in considering your application for reinstatement to SFCC. Without a complete and thorough personal statement, it will not be possible to give your application thoughtful consideration.

Please respond to each of the following in a separate Word document. Handwritten responses will not be accepted.

1. What are your reasons for a deficient grade point average at SFCC? Be specific and provide details in your explanation. Your statement should include, but not be limited to, the following information: attendance/class participation, amount of study time, commitment, motivation, involvement with counselors, instructors, tutoring and other academic support services. What obligations did you have during the previous quarter that impacted your grades?
2. Describe how the situation that created your deficiency has changed and what you have learned to prevent the recurrence of a deficient grade point average for the next quarter. Declarations of good intentions are not sufficient. Be specific.
3. Why did you select your program? Outline an academic plan that will lead you to successfully completing your degree, certificate or other academic goals.

- I certify that the information provided on this application is true and accurate.
- I authorize SFCC to communicate with me via mail, e-mail and/or telephone regarding this reinstatement.

Signature: _____

Date: _____