

2023-2024

PETITION FOR REINSTATEMENT

INSTRUCTIONS FOR COMPLETING THIS FORM (see **NOTE** above **BEFORE** completing):**

1. Explain what happened and how you are going to pass your classes going forward on page 2
2. Attach documentation that shows how your circumstances were outside of your control.
(Incomplete petitions may be delayed or denied).

A. STUDENT INFORMATION [PLEASE PRINT CLEARLY]

Last Name	First Name	ctcLink Id	For Official Use Only
Address	City	State	Zip
Phone: _____		OC Educational Goal (<i>Cert., AAS, ATA, BSN, etc.</i>): _____	

Date first admitted to OC _____ Expected Completion (Month, year) _____
 When do you request your aid reinstatement be effective? (*Grants will not be retroactively awarded for quarters which have concluded.*)

- Summer 2023
 Fall 2023
 Winter 2024
 Spring 2024

B. FACTORS THAT CONTRIBUTED TO SUSPENSION (CANCELLATION) OF FINANCIAL AID: (Check all that apply):

- Grade Point Average is below the minimum required (specify which quarter and year): _____
 Inadequate completion of courses attempted (quarter and year): _____

C. PETITION IS BASED ON THE FOLLOWING: (Check any that apply)

****NOTE:** *As stated above, if you have submitted multiple petitions for reinstatement, you must complete a Financial Aid Appeal Form instead. HOWEVER, if you have already been approved or denied reinstatement by the appeals committee, then you are not eligible to appeal for reinstatement again.*

- I experienced a serious injury or extended illness this quarter.
 I experienced the death or life threatening illness of a family member this quarter.
 I experienced other mitigating circumstances beyond my control. **Provide additional Details on Page 2**
 Self-reinstatement: I completed in one quarter 6 or more college level credits with the minimum required GPA (a copy of my transcript is attached).
 Other: _____

D. Are the circumstances that impacted your performance now resolved? Please check one.

- YES
 NO
 If NO, explain in your attached statement what will prevent you from being suspended again.

E. I certify that the explanation and information I have provided is true and correct.

 Student's Signature (required, digital signatures accepted) Date

Office Use Only

Petition: Approved Denied Reason: _____

Terms and Conditions: _____

Financial Aid Staff Signature: _____ Date: _____

2023-2024

(85) PETITION FOR REINSTATEMENT

Explain what happened and how your circumstances were outside of your control

What will you do to pass your classes from now on?

Received		Scanned	Posted
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			Form last updated: DEC22FM