

REQUEST FOR REINSTATEMENT INTERSESSION/SPRING SUMMER/FALL

_____ Year

This form is to be submitted by students with an **Academic** and/or **Progress Guidance Level 3 (formerly academic dismissal)** status who have not attended AVC for **one** or more semesters.

Reinstated students with an Academic and/or Progress Guidance Level 3 status will be on a "Continued on Academic/Progress Guidance Level 3 Status." If the student on a "Continued on Academic/Progress Guidance Level 3 Status" earns grades of "C" or better and no entries of "W," "I," and "NP," the continued status will remain. A student on a continued status will be allowed to enroll in classes listed on the Student Educational Plan for the following term; however, units will be limited. Additionally, a counseling appointment is required every semester until a minimum cumulative AVC GPA of 2.00 and a minimum of 51% completion rate is achieved.

If the academic or progress criteria mentioned above are not met, the student will be temporarily ineligible to enroll at Antelope Valley College for one semester. After that period, the student may submit a request for reinstatement.

If approved all students must attend a mandatory Canvas workshop and will receive an Academic/Progress Guidance Level 3 Reinstatement Agreement.

Name: _____

Address: _____

Phone: _____

AVC Email Address: _____@avc.edu

Student ID # 900-____ - ____ Current GPA: _____

Answers to the following questions are to be submitted on a separate piece of paper:

1. What actions and changes have you made to address the problems that hampered your progress in school?
2. Upon your return, what resources do you plan to utilize for the upcoming semester to ensure your academic success?

SEE OTHER SIDE

What has made academic success difficult for you in the past? Indicate all that is appropriate.

Below are several categories of items that may influence your academic and personal success. Please read each item and consider it carefully. Check all the items that apply to you.

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Below are several categories of items that may influence your academic and personal success. Please read each item and consider it carefully. Check all the items that apply to you.

I. Factors that have a negative influence on my educational performance at AVC:

- | | |
|--|--|
| <input type="checkbox"/> I am not sure why I am in college | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Conflict with professors | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> I haven't connected with classmates or faculty | <input type="checkbox"/> Little interest in subject matter |
| <input type="checkbox"/> I am unsure as to how college fits my long-term goals | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> I am in college only because I was expected to enroll | <input type="checkbox"/> Unaware of support services |
| <input type="checkbox"/> I have too little time to prepare for exams | <input type="checkbox"/> Driven by external expectations rather than internal motivation |
| <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Low motivation |
| <input type="checkbox"/> Too many classes | <input type="checkbox"/> Not prepared for college |
| <input type="checkbox"/> Too much time on the computer | <input type="checkbox"/> I didn't make use of tutorial services |
| <input type="checkbox"/> I am not sure I want to be in college | <input type="checkbox"/> My reading/writing skills need improvement |
| <input type="checkbox"/> Disability | <input type="checkbox"/> I quit attending class and never dropped the course |
| <input type="checkbox"/> Lack of stress control in my life | <input type="checkbox"/> The classes I took were just too difficult all around |
| <input type="checkbox"/> Other _____ | |

II. Personal issues that are affecting my academics:

- Drug and/or alcohol use
- Family pressures/problems
- Work too many hours
- Poor health (mine...others close to me)
- Financial problems
- Distracted by friends or other outside factors
- Too many commitments (jobs, friends, athletics, family obligations, etc.)
- Relationship issues
- Lack of confidence in my academic abilities
- I have trouble concentrating in class
- Trouble re-prioritizing my commitments to get to studies
- Good intentions but poor follow-through
- Procrastination
- Learning disability
- Other _____

III. Areas where I need to improve to achieve success:

- Discover what is important to learn in my classes
- Complete reading assignments in a thorough, timely manner
- Set goals & deadlines for myself
- Employ time mgmt. strategies to maximize my studying
- Communicate with faculty
- Learn skills for advocating for myself and my academic progress
- Seek assistance when problems arise
- Complete class assignments
- Come to class meetings or online discussions and be prepared
- Take notes that will enhance my studying
- Use planner to organize my time
- Find a quiet place to study
- Think about success instead of failure while learning or test taking
- Other _____

IV. Areas that may help me bring out my best performance:

- Lighten my course load
- Set aside regular periods to study
- Learning how to prepare for exams/Learn how to study
- Better time management
- Setting up a quiet study area with all study tools
- Choose courses in which I have needed background
- Reconsider my choice of major/career
- Work with a tutor
- Regular communication with my faculty
- Other _____

V. Services that I have used:

- Office for Students with Disabilities
- Math Lab
- Writing Center
- Tutoring
- Classmates to work with when I need study partners
- My professors whenever I need personalized attention
- A counselor regarding my test-taking or other anxieties
- Library staff for research for a class
- Other _____

Your responses to the above questions, along with your academic history, will be used in the committee's decision. This decision is for the semester you specified above. All readmissions are conditional and if you are permitted to return to AVC you will agree to follow the Matriculation Committee's Academic Standards Sub-Committee recommendations. Please sign below indicating that you agree with the above conditions and that you have submitted true and accurate information to the committee for their review.

Signature

Date