

Office of Admissions and Records  
**PETITION FOR REINSTATEMENT**

**Submit this form to [reinstatement@glendale.edu](mailto:reinstatement@glendale.edu), by August 22nd for the Fall semester and February 13th for the Spring semester. Once submitted, schedule a Counseling Appointment for Reinstatement by calling 818-240-1000 ext. 5918**

<b>GCC ID#</b> _____	<b>SEMESTER:</b> FALL _____ SPRING _____ 20 _____	
NAME _____		
<b>LAST</b>	<b>FIRST</b>	<b>M.I.</b>
TELEPHONE # (_____) _____		
<b>*GCC EMAIL ADDRESS:</b> _____ <a href="mailto:student@glendale.edu">@student.glendale.edu</a>		
<i>*Petition results will be emailed to your GCC Email Account within seven (7) working days of submission.</i>		

1. **Explain** those factors in detail which you believe were responsible for you academic difficulties:

**ATTACH supporting documentation:**

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2. Has your situation changed? \_\_\_\_\_ If so, explain;

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COUNSELOR RECOMMENDATION: *REQUIRED* only for International Students, Center for Students w/disabilities, & EOP&S students**

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**DATE:** \_\_\_\_\_ **COUNSELOR SIGNATURE:** \_\_\_\_\_

<b>Petition Results:</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> <b>OFFICE USE ONLY</b> <b>Student notification date:</b> _____
<b>Comments:</b> _____ _____
<b>A&amp;R Counselor Signature:</b> _____ <b>Date:</b> _____