American River College
REQUEST FOR EXCEPTION
--Reinstatement Conditions--

Student ID#: ____________________________

Name: ____________________________________  
  Last  First  MI

Phone: ________________________________

I request an exception of the reinstatement condition(s) to American River College (or other Los Rios college) following dismissal:

- I am limited to _____ units; I request _____ additional units for a total of _____ units
- Enrollment in: ____________________________________________________________
- Other (please specify): __________________________________________________

Reason (be specific):  
  ________________________________________________________________  
  ________________________________________________________________  
  ________________________________________________________________  
  ________________________________________________________________  

Work Hours (required): I anticipate my work hours will be _______ hours per week.

I agree to comply with all conditions for reinstatement on the Petition for Readmission-Administrative Action copy with any adjustments approved herein. I acknowledge and understand that: 1) my Los Rios enrollment will be reviewed for compliance; 2) a finding of noncompliance may result in my administrative withdrawal from all currently enrolled classes and my enrollment denied for the next enrollment cycle; 3) such a withdrawal may require repayment of any associated financial aid funds received; 4) I am responsible for submitting a Request for Exception form by the end of the first week of instruction if I am unable to comply with any condition for reinstatement; 5) my continued enrollment requires the successful completion of all enrolled courses; 6) my subsequent registration may be delayed to confirm successful completion of current course work. In the event I do not enroll for the approved term, I acknowledge that all reinstatement conditions remain in effect for my next enrollment.

Student’s Signature: ____________________________  Date: ____________

College Administrator Action:  □ Approved  □ Approved with the following conditions  □ Denied

Dean’s Signature: ____________________________________  Date: ____________

Appeal Action:  □ Approved  □ Denied

Comments: ____________________________________  Date: ____________

Dean’s Signature: ____________________________________  Date: ____________

Administrative Action:
□ Reg hold cleared  □ Unit limit input  □ Student notified  □ PDS database  □ SARS alert removed

Initials/Date: ____________

Follow Up: Compliance with Readmission Conditions:
□ In compliance  □ Refer to Request for Exception  □ Excused
□ Not enrolled  □ Out of compliance  □ Discrepancies:

Action taken:  □ Admin w/d  □ Reg hold input  □ SARS alert input  □ PDS database  □ Student notified

Initials/Date: ____________