



APPLICATION FOR REINSTATEMENT TO SEATTLE CENTRAL COLLEGE

Not required if applying for reinstatement after one year of non-enrollment*

Name _____ SID# _____

Address _____ City, State, Zip _____

Phone # (home) _____ Work _____ Email Address *required* _____

Name of Counselor _____ Number of hours working _____

Quarter requesting reinstatement _____

1. Please write a statement to the committee that covers these three areas:

- Explain any extenuating circumstances as to why you were unable to meet SCCC's academic standards;
- Explain in detail why you think you will be successful if reinstated;
- Outline the steps you will take to improve your academic standing.

In signing this reinstatement application, I acknowledge that failure to disclose and submit complete and accurate information along with all required documents will result in denial of readmission to Seattle Central Community College.

Signature of applicant

Date

Submit this application and all relevant documents to the Dean of Enrollment Services/Registrar in Registration, Room 1104.

Attach your statement to this application. This application is due well before the start of the quarter in which you hope to be reinstated.

*contact Dean of Enrollment Services directly for reinstatement if at least one year has passed since last enrollment.