Reset

Academic Suspension Petition for Enrollment

Last Name: _____ First Name: _____ EPCC ID: _____

Major/Pathway: _____ Educational Goals: Select

Explain, in detail, the steps you will take to be successful in the upcoming semester: Select Semester

Texas Success Initiative (TSI) Developmental Education courses needed: (sequences must be taken in order)

Math 1314, 1324, 1332	Math 1342, 1332	Reading	English	ESL
☐ NCBM 0302	☐ NCBM 0302	☐ INRW 0310	☐ INRW 0310	☐ Reading/Writing
☐ NCBM 0314/0324	☐ NCBM 0142/0132	☐ INRW 0312	☐ INRW 0311	☐ Grammar/Listening
☐ Math 0305	☐ Math 0404	☐ College Ready	☐ College Ready	☐ Speaking
☐ College Ready	☐ College Ready			Note: See ESL Student Advising Plan

Texas Success Initiative (TSI) Status: ☐ Exempt ☐ Complete ☐ Not Complete

Required courses: ☐ ☐ ☐ ☐ ☐ ☐

If students' schedule does not include the required courses, subsequent enrollment may be prohibited.

☐ Students must achieve a semester grade point average of at least 2.0 for the semester in which he/she is applying for enrollment or remain out of school for: ☐ Two semesters ☐ Three semesters

☐ No D's and no F's are permitted in any course.

I understand, (please initial):

☐ I will be limited to 6 – 8 semester hours and must make a minimum grade of ☐ for this semester.

☐ I must meet the assigned counselor prior to the course withdrawal deadline.

☐ I must meet with the assigned counselor at least three times during the semester to monitor academic progress.

1 ☐ 2 ☐ 3 ☐

☐ I must attend tutoring and/or workshops in specific subjects: ☐

☐ I must meet the assigned counselor prior to each semester until I return to good standing.

Documentation of Satisfactory Academic Progress is required to re-enroll for the subsequent semester. Failure to comply with this requirement will result in delay in advising for the upcoming semester. ☐

Comments:

By signing I understand and agree to abide by the conditions listed in this petition.

Student Signature: _____ SIGN HERE Date: ☐

Counselor (Printed Name): _____ Date: ☐

Counselor Signature: _____ SIGN HERE Campus: Select Campus

Records Representative (Print Name): _____ Date: ☐

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