COLLEGE OF MARIN

ADMISSIONS & RECORDS

Petition to Return After Dismissal

☐ KENTFIELD CAMPUS

☐ INDIAN VALLEY CAMPUS

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

MARIN IDENTIFICATION NO. M

NAME

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

NUMBER & STREET

CITY STATE ZIP

DAY PHONE

AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS

This petition is to return in the ☐ FALL ☐ SPRING ☐ SUMMER Semester, 20 _____ YEAR

Students must meet with a counselor and attach a completed Student Education Plan (SEP) to this form prior to submission. For the reasons given below, I request permission to return to college.

STUDENT SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DEAN OF ENROLLMENT SERVICES ☐ APPROVED ☐ DENIED ☐ PENDING

DATE _____ SIGNATURE _____

COMMENTS _____