Spring 2015 Academic Disqualification Advisement Form

Name: ___________________________ Student ID#: ___________________________

Phone #: ___________________________ Email Address: ___________________________

Overall GPA: _______ CSUDH GPA: _______ Total Units Earned: _______

Class Level: □ Freshman (0 to 29 units) □ Sophomore (30 to 59 units) □ Junior (60 to 89 units) □ Senior (90+ units)

This form must be reviewed and signed by a UA\T\C academic advisor and attached to the Petition for Exception form. The complete Petition for Exception packet must be submitted to the University Advisement and Testing Center (WH 220) no later than 3:00 pm on Wednesday, July 1, 2015.

Part 1:
Your complete Petition for Exception packet must include:

□ 1. Petition for Exception form (available under “Forms” at http://www4.csudh.edu/admissions-records/).

□ 2. Completed Academic Disqualification Advisement form signed by a UAC advisor.

□ 3. A copy of your registration for the Fall 2015 semester.

*Registered courses must correspond to academic plan written below.


*Student must attach a written explanation and include documentation of what is perceived to be the main cause(s) of the academic difficulties, including, but not limited to, information regarding any extenuating circumstances affecting academic performance.

Part 2:
1. Have you attended a STEPS workshop? No: _______ Yes: _______

2. What is your current grade point balance? GPB: ___________

*Please complete the GPB worksheet and attach a copy to your appeal. The GPB worksheet and information of how to calculate GPB can be found on the UAC website under “Probation and Remediation.”

3. Have you filed a SAPAC Petition for Academic Exception? No: _______ Yes: _______

4. Do you have any grade changes or repeat/cancels pending? No: _______ Yes: _______

Part 3:
In the event that your appeal is granted, list the courses you plan to take during Fall 2015 and Spring 2016.

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Note: Utilizing repeat/cancel and earning positive grades in these courses will be your only way to clear probation.

Student Signature: ___________________________ Date: ___________

UAC advisor: ___________________________ Date: ___________