RHODE ISLAND COLLEGE

Petition to the Academic Standing Committee (ASC)

PLEASE PRINT

Name:_____ Student ID#: _____
First MI Last

Address:_____
Street City State Zip

Major:_____ Academic Advisor:_____

PURPOSE OF YOUR PETITION:

❒ Request permission to take a course for the 3rd time Course and number:_____

❒ Request for a retroactive withdrawal from a course Course and number:_____

❒ Request for retroactive withdrawal from a semester: Term and year:_____

❒ Academically dismissed and seek reinstatement. **NOTE:** Students may appeal their dismissal ***only*** if a grade correction or completion of an incomplete results in a cumulative GPA of 2.00 or higher ***OR*** the ASC approves a retroactive withdrawal from a course or semester which results in a GPA adjustment to a 2.00 or higher.

❒ Request for placement on Probation II for one semester (petition requires semester GPA of 2.33-2.49 and cumulative GPA of 1.80 – 1.99)

❒ Other (please specify): _____

REQUIREMENTS FOR PETITION

1. **Student Letter** which includes the following (to be attached to this petition):
   - Clear purpose of your petition
   - Explanation of any extenuating circumstances to support your petition and your plan to address the issue(s). If extenuating circumstances are of a confidential nature, you may ask to meet with the chair of the ASC or a member designated by the chair.
   - Any supporting documentation
2. **Meeting with Faculty Advisor/Academic Department Representative to discuss your petition**

Name of Academic Advisor/Department Representative

Name (please print):_____ Faculty signature_____ Date:_____
(Signature indicates acknowledgement of meeting with the student)

Please check one:
❒ Support the petition ❒ Support with reservations ❒ I met with the student to discuss his/her request

General comments about meeting with the student:

_____

_____

_____

3. **Meeting with Secretary of Academic Standing Committee:** Records Office, Building 4, Lower Level, 456-8213

Records Office recommendation/general comments about meeting with the student:

_____

_____

Students: _____ Date: _____

Records Officer signature:_____ Date: _____

ASC use only: Date petition reviewed:_____ ❒ Approve ❒ Deny ❒ Letter for additional steps

Revised 1-2-19