

# PALM BEACH STATE COLLEGE

## DUAL ENROLLMENT REINSTATEMENT APPEAL FORM



**Caution:** Completing and submitting this form indicates that I acknowledge and understand the following:

- a. If approved, this is a **one-time exception** and no future request for reinstatement will be approved.
- b. I am required to sit-out one semester to be considered for reinstatement.
- c. All grades, including **Ds, Fs, and Ws** become a part of **my permanent high school and college records**.
- d. If given the opportunity, I will utilize all resources available to me at the college (professor’s office hours, FREE tutoring through the Student Learning Center (SLC), conversation with my parents and school counselor, and other student support services.)
- e. If reinstated, I also understand I will **no longer be eligible for the Dual Enrollment program at Palm Beach State College** should I withdraw from another course.

**Instructions:** Complete this form and submit it with any supporting documentation to the Dual Enrollment Office at [dualenrollment@palmbeachstate.edu](mailto:dualenrollment@palmbeachstate.edu). Submit at least 3 weeks before the intended reinstatement semester.

### Part I: Student Information

First Name	Last Name	PBSC Student ID	Reinstate Semester (ex: Fall 2024)

### Part II: Justification for Reinstatement

- Yes  No  At least one full semester will have passed since the **withdrawal** from my class(es), and my intended reinstatement semester.
- Yes  No  I have attached a statement describing the circumstances that required me to withdraw and why my reinstatement into the Dual Enrollment program is justifiable. **(REQUIRED)**
- Yes  No  I have attached written support from my High School Principal (or Designee on behalf of the principal) or my Home Education Administrator/ parent (if homeschooled or PEP). **(REQUIRED)**

### Part II: Individual Success Plan

- Yes  No  I have also included a personal success plan outlining steps I will take to ensure my success this semester and in my future college classes. A template success plan can be found in the [Dual Enrollment Canvas](#) in the Resources Module. **(REQUIRED)**

### Part III: Student, Parent & School Counselor Acknowledgement

My signature indicates I understand that all grades, including a “W” for withdrawal, are a part of my permanent high school and college records. Approval does not erase the “W” grade from my records. This appeal cannot be used for failing grades such as a “D” or an “F.” Should I receive a failing grade, my eligibility within the program is terminated. I have not participated in the Dual Enrollment Program for at least one semester. If approved, this appeal will allow me to return to the program. Reinstatement is a one-time exception. Should I receive another “W” grade, I will no longer be eligible to return to the program.

Student Name	Student Signature	Date
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
Name of School Counselor/Designee	Signature of School Counselor/Designee	Date