Student Success Program
Registration Clearance Form

Student's ID# G:_____

Last Name_____ **First Name** _____ **Middle** _____

Mailing Address:_____

Phone Number:_____ **Email:**_____

Instructions to student: Attach a letter to this form prior to meeting with your counselor. In your letter clearly explain any unusual circumstances which led to your dismissal and why you believe you can succeed at Cañada College if you are reinstated. Indicate the specific changes you plan to make if you are reinstated. Complete this form with the assistance of a counselor. Submit a completed form to the Admissions & Records Office (Bldg. 9, first floor).

Semester Clearance:	Educational Goal: (Circle all that apply)	Completed SSP Workshop?
☐ Summer ☐ Fall ☐ Spring Year: 20_____	Certficate AA/AS Degree Transfer <u>Personal Enrichment</u>	☐ Yes ☐ No **Date:**_____

COUNSELOR RECOMMENDATION
(Note: Any changes to this plan must be approved by your counselor)

Current Semester Status:
☐ Probation 2 (# of semesters: _____) **Due to:** ☐ GPA or ☐ Progress
☐ Dismissal (# of semesters:_____) **Due to:** ☐ GPA or ☐ Progress

Current GPA: _____   **Current Progress %:** _____

Limit total units to:
☐ Summer 20____ units:_____   ☐ Fall 20_____ units:_____
☐ Spring 20____ units:_____

☐ **Attend a Student Success Workshop by**: _____
(required for dismissal students)

☐ **Submit a Mid-Semester Progress Report by**: **April 15, 2016**
(required for dismissal students)

☐ **Sign up for LCTR 698 to receive tutoring through the Learning Center**

☐ **Utilize other Student Support Services and Programs**
(Financial Aid, EOPS, TRiO, DRC, SparkPoint, Transfer Center, Career Center and Psychological Services)
Please specify: _____

☐ **Take Placement Test in:**
☐ English ☐ Math ☐ ESL

☐ **Enroll in:** _____
(CRER 110, 137, 401, 407 or 430)

☐ **Apply for Academic Renewal:**
Please specify which courses:

Course Recommendations
Must enroll in the following classes only:
Note: Financial Aid students are required to complete an official SEP.

Term:____ Year:_____	Units	Term:_____ Year:_____	Units

FOR DISMISSAL STUDENTS ONLY:

☐ I understand that by not successfully completing courses attempted this upcoming semester I **will** be dismissed and I will not be allowed to register in the San Mateo County Community College District (SMCCCD) next semester.

COMMENTS: _____

_____

Student Signature _____ **Date** _____

Counselor Signature _____ **Date** _____

☐ Approved ☐ Not Approved **Director of Matriculation Signature** _____

Comments:_____