



# Registration Clearance Form

## Student Success Program

### Instructions to Cañada College Student:

- Step 1: Make an appointment with the Welcome Center to meet with an Academic Counselor or your Program Counselor to complete this form. Write a letter describing the circumstance which led to your dismissal, why you believe you can succeed at Cañada College. Indicate the specific changes you will make if reinstated.
- Step 2: Attach your letter and submit the documents to the Admissions & Records Office (Bldg. 9, 1st floor) or on Admissions & Records website.
- Step 3: Attend an Academic Notice Info Session. Dates can be viewed here or can be view on Student Success Program page on Cañada College website.

Student ID G#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SMCCD Email: \_\_\_\_\_

<b>Semester for Registration Clearance</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____ Students can only be cleared for one primary term (fall/spring) per form, you can clear a student for Fall and Summer together.	<b>Completed Academic Notice Info Session</b> <input type="checkbox"/> Yes <b>Date:</b> _____ <input type="checkbox"/> No <b>Must attend by:</b> _____
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### COUNSELOR RECOMMENDATIONS

(Note: Any changes to this plan must be approved by the counselor who completed this form)

#### Current Semester Status:

- ☐ Academic Notice2 Due to: ☐ GPA or ☐ Progress  
☐ Subject to Dismissal Due to: ☐ GPA or ☐ Progress

GPA: \_\_\_\_\_ Progress: \_\_\_\_\_

#### Submit a Mid-Semester Progress Report

☐ March \_\_\_\_\_ or ☐ October \_\_\_\_\_

#### Recommended Student Support Services

- ☐ Tutoring ☐ Financial Aid  
☐ Personal Counseling Center ☐ SparkPoint  
☐ Disability Resource Center ☐ Other: \_\_\_\_\_

#### Limit total units to:

☐ Fall ☐ Spring ☐ Summer 20\_\_\_\_\_  
Units: \_\_\_\_\_

#### Course Recommendations

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

### Required for students on Subject to Dismissal:

- ☐ I understand that by not successfully completing courses attempted this upcoming semester, I will continue to be in Subject to Dismissal status and will need to restart this process so I can be reinstated.

Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

☐ Approved

☐ Not Approved

A&R initials: \_\_\_\_\_