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) ÏÒ ÓÕÂ Í ÉÔ Ï Î Îli Î Å ÁÔ #Ï ÎÔÁÀÔ 5Ó 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:** _____

Semester for Registration Clearance	**Completed Academic Notice Info Session**
☐Fall ☐Spring ☐Summer 20_____	☐ Yes **Date:** _____
Students can only be cleared for one primary term (fall/spring) per form, you can clear a student for Fall and Summer together.	☐ No **Must attend by:** _____

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 intials:** _____

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