



Registration Clearance Form

Student Success Program

Instructions to student:

- Step 1: Complete this form with the assistance of the Student Success Retention Specialist (Bldg. 9, 1st floor).
- Step 2: Attach a letter describing the circumstance which led to your dismissal and why you believe you can succeed at Cañada College. Indicate the specific changes you will make if reinstated.
- Step 3: Make an appointment and meet with an Academic Counselor to complete the form, attach your letter and submit the documents to the Admissions & Records Office (Bldg. 9, 1st floor).

Student ID#G: _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

Phone Number: _____ SMCCD Email: _____

<p style="text-align: center;">Semester for Registration Clearance</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____</p> <p><small>Students can only be cleared for one primary term (fall/spring) per form, you can clear a student for Fall and Summer together.</small></p>	<p style="text-align: center;">Completed SSP Workshop?</p> <p><input type="checkbox"/> Yes Date: _____</p> <p><input type="checkbox"/> No Must attend by: _____</p>
--	--

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

<p>Current Semester Status:</p> <p><input type="checkbox"/> Probation 2 Dueto: <input type="checkbox"/> GPA or <input type="checkbox"/> Progress</p> <p><input type="checkbox"/> Dismissal Dueto: <input type="checkbox"/> GPA or <input type="checkbox"/> Progress</p> <p>GPA: _____ Progress%: _____</p> <p>Submit a Mid-Semester Progress Report by:</p> <p><input type="checkbox"/> March _____ or <input type="checkbox"/> October _____</p> <p>Recommended Student Support Services and Programs</p> <p><input type="checkbox"/> Tutoring <input type="checkbox"/> Financial Aid</p> <p><input type="checkbox"/> Wellness Center <input type="checkbox"/> SparkPoint</p> <p><input type="checkbox"/> Other _____</p>	<p>Limit total units to:</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____</p> <p>Units: _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="4" style="text-align: center; padding: 2px;">Course Recommendations</th> </tr> <tr style="font-size: small;"> <th style="width: 25%;">Term: _____ Year: _____</th> <th style="width: 10%;">Units</th> <th style="width: 25%;">Term: _____ Year: _____</th> <th style="width: 10%;">Units</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Course Recommendations				Term: _____ Year: _____	Units	Term: _____ Year: _____	Units																
Course Recommendations																									
Term: _____ Year: _____	Units	Term: _____ Year: _____	Units																						

Required for students on dismissal:

- 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: _____