CUESTA COLLEGE

READMIT CARD

YEAR: 200___ and TERM:
☐ Fall ☐ Spring ☐ Summer

Admissions and Records Office
(805) 546-3955
www.cuesta.edu

Complete card to petition for readmission to a class from which you have been dropped. The student obtains the instructor's permission and returns card to a registration center by the 12th week of the semester (last day to withdraw) for processing.

☐☐☐—☐☐—☐☐☐☐ _____ _____ _____

SOCIAL SECURITY OR IDENTIFICATION NUMBER | LAST NAME | FIRST NAME | M.I.

I wish to be readmitted to: _____ _____ _____

SECTION NO. | COURSE NO. (i.e.CAOA 23) | COURSE TITLE (i.e. Business English

Instructor's recommendation to be obtained by the student:

- Was the student in good academic standing at the time they were dropped from the class? ☐ Yes ☐ No
- Do you support readmission to the class? ☐ Yes ☐ No Please complete readmit conditions, if any, on the back of card.

Instructor's Signature: _____ Date: _____

I understand and accept all conditions by the instructor for my readmission to this class.

Student's Signature: _____ Date:_____

RETURN COMPLETED CARD TO A REGISTRATION CENTER.

FOR OFFICE USE ONLY: ***Reg Aide*** _____ ***Date:*** ____/____/____

To be completed by the instructor. Please indicate conditions (if any) under which the readmission is being granted.

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