

COLLEGE READMISSION EVALUATION FORM

Name: _____ Student ID: _____

Phone: _____ E-Mail: _____

- Submit this **completed** form and related documentation to your College Academic Advising Office **no later than two weeks** before the [University's readmission deadline](#).

Students applying to take UCSD Summer Session courses for readmission must submit this form to their College Advising Office by **June 1**.

- **UCSD Summer Session I:** An option only for students who qualify to return no earlier than **fall quarter**.
- **UCSD Summer Session II:** An option only for students appealing to return no earlier than the following **winter or spring quarters**. Please indicate below in which summer session you are enrolling.

- Check the [Virtual Advising Center](#) for communication from your college regarding the status of your readmission request.
- If your request is approved, you must submit the University's Readmission Application by the [University's readmission deadline](#).
- Your signature below acknowledges that you have read the instructions above.

Student's Signature: _____ Date: _____

SECTION 1: PERSONAL STATEMENT

Submit a 1-2 page, typed, double spaced statement addressing the following:

- An explanation of the issues(s) you experienced during the quarters that led to your academic disqualification.
- A description of the actions you have taken while away from UC San Diego in order to prepare for readmission.
- A plan of action you intend to follow should you be readmitted, including any support systems and strategies you will utilize.

Attach a copy of transcripts from all institutions you have attended and/or other supporting documentation.

SECTION 2: ACADEMIC PLAN

- Meet with your major department/program advisor (your declared major or, if you are changing majors, your proposed major) to develop a realistic plan for the next three quarters.
- Your major department/program advisor must endorse this plan.**
- Please review your degree audit and include remaining general education or University requirements.

Previous Major: _____ Proposed Major: _____

Quarter: If enrolling in Summer Session, indicate Session I or Session II	Quarter:	Quarter:

OFFICIAL USE ONLY: MAJOR ADVISOR ENDORSEMENT

Major Advisor: _____ Date: _____

Comments: _____

OFFICIAL USE ONLY: COLLEGE REVIEW

APPROVED DISAPPROVED Quarter of Return: _____ Signature/Date _____

Comments: _____