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:
   a. An explanation of the issues(s) you experienced during the quarters that led to your academic disqualification.
   b. A description of the actions you have taken while away from UC San Diego in order to prepare for readmission.
   c. 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

   a. 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.
   b. Your major department/program advisor must endorse this plan.
   c. Please review your degree audit and include remaining general education or University requirements.

Previous Major: __________________________ Proposed Major: __________________________

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OFFICIAL USE ONLY: MAJOR ADVISOR ENDORSEMENT

Major Advisor: ___________________________ Date: ___________________________
Comments: _______________________________________________________________

OFFICIAL USE ONLY: COLLEGE REVIEW

☐ APPROVED ☐ DISAPPROVED Quarter of Return: __________ Signature/Date __________________________
Comments: _______________________________________________________________