

READMISSION PROPOSAL

Name: _____ PID: _____

Phone: _____ Email: _____

- Submit this completed form and any supporting documentation to your College Academic Advising Office between April 1 and July 15. **Proposals submitted after July 15 will not be accepted.**
- Check the [Virtual Advising Center](#) for communication from your college regarding the status of your readmission request.
- If your proposal is approved, you must submit the University's Readmission Application by the [Readmission Deadline for Fall Quarter](#).
- Your signature acknowledges that you have read the instructions above and completed the sections below.

Student's Signature: _____ Date: _____

SECTION 1: PERSONAL STATEMENT

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

1. An explanation of the issues(s) you experienced during the quarters that led to your academic disqualification. *Please note that university employees are responsible for reporting any allegations of discrimination, sexual harassment, or sexual violence to the Office for the Prevention of Harassment and Discrimination.*
2. A description of the actions you have taken while away from UC San Diego to prepare for readmission.
3. 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 (if any) and/or other supporting documentation.

SECTION 2: ACADEMIC PLAN

1. Meet with your major department/program advisor (in your declared major, or if you are changing majors, your proposed major) to develop a realistic plan for Fall, Winter, and Spring.
2. Review your degree audit and include remaining general education and/or University requirements.

Previous Major: _____ Proposed Major: _____

Fall Quarter	Winter Quarter	Spring Quarter

PLEASE NOTE: You must complete 12 units with a 2.0 term GPA or return to good academic standing during Fall Quarter to continue enrollment in Winter and Spring.

OFFICIAL USE ONLY: MAJOR ADVISOR REVIEW

Department/Program Advisor: _____ Date: _____

Comments: _____

OFFICIAL USE ONLY: COLLEGE REVIEW

APPROVED DISAPPROVED Quarter of Return: _____ Signature/Date: _____

Comments: _____