

**Las Positas College**  
**PROBATION CLEARANCE FORM**  
**For ACADEMIC SUCCESS**

**Fall**    **Spring**    **Summer Semester 20** \_\_\_\_\_

Name: \_\_\_\_\_ W# or SSN \_\_\_\_\_

Address \_\_\_\_\_  
Last First  
Street City Zip Code Phone

**GENERAL INFORMATION (Student to Complete)**

Major \_\_\_\_\_  Certificate  A.A./A.S. degree  Transfer to: \_\_\_\_\_  
 Number of hours worked each week: \_\_\_\_\_ Number of units enrolled this semester: \_\_\_\_\_  
 Family responsibilities (e.g. married, children, childcare etc.): \_\_\_\_\_  
 Support services that I have used at Las Positas (e.g. tutoring, math lab, DSPS): \_\_\_\_\_

**My lack of academic success, in my opinion, is due to the following factors:**

- Number of hours I worked
- Did not officially withdraw from a class (and should have)
- Too little time to study
- Did not know how to study properly
- Need extra help to understand class work
- I have  may have a learning disability
- Lack of support (family does not want to help me attend college)
- Personal problems make it difficult to study
- Lack of motivation
- Other: \_\_\_\_\_

**Planned Schedule:**

(Hours per week)

_____	Work
_____	Class
_____	Study
_____	Other
_____	<b>Total Hrs</b>

**TO BE COMPLETED WITH A COUNSELOR**

**Check all that apply:**

- My semester G.P.A. will be: \_\_\_\_\_
- Limit total units next term to: \_\_\_\_\_
- Reduce work hours per week to: \_\_\_\_\_
- Enroll in College Study Skills / Learning Skills/ Library Skills.
- Sign-up for Tutoring in Building 2400.
- Meet with Counselor \_\_\_\_\_ next term.
- Apply for Academic Renewal.
- See instructor: \_\_\_\_\_
- Utilize free services from: \_\_\_\_\_ (Integrated Learning Center, English lab, Tutorial, etc.)
- Enroll in:  Psychology Counseling 15 (Study Skills)  Psychology Counseling 10 (Career Planning)  Other: \_\_\_\_\_
- Take assessment placement exam in:  English  Math  Chemistry  Biology  ESL
- Referral made to:  Disabled Student Services  EOPS  CalWORKS  Financial Aid
- Schedule a meeting with a Counselor early next semester to develop/update a Student Educational Plan (SEP).
- Complete **Most Recent Grade of Record** form for: \_\_\_\_\_
- Suggested course(s) to repeat: \_\_\_\_\_
- Other: \_\_\_\_\_

**Academic Status:**

- Academic Probation 1**
- Academic Probation 2**
- Progress Probation 1**
- Progress Probation 2**

<b>Short Term Educational Plan:</b> Courses approved for next semester.	<b>Units</b>
_____ ( ) _____	( )
_____ ( ) _____	( )
_____ ( ) _____	( )
_____ ( ) _____	( )

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date