

**Las Positas College**  
**PROBATION CLEARANCE FORM –**  
**For ACADEMIC SUCCESS**  
 Fall    Spring    Summer Semester 20\_\_\_\_\_

Name: \_\_\_\_\_ 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.): \_\_\_\_\_  
 Hours available to study per week, outside of class time: \_\_\_\_\_  
 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  
 \_\_\_\_\_ **Total Hrs**

**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 / Math study skills/ Library skills.
  - Sign-up for Tutoring in Building 1000.
  - Meet with Counselor \_\_\_\_\_ next term.
  - Apply for Academic Renewal.
  - See instructor: \_\_\_\_\_
  - Utilize free services from: \_\_\_\_\_ (Integrated Learning Center, English lab, Tutoring, 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: \_\_\_\_\_
- |  |       |
|--|-------|
| <input type="checkbox"/> <b>Short Term Educational Plan:</b> Courses approved for next semester. | Units |
| _____ ( ) _____  | ( )   |
| _____ ( ) _____  | ( )   |
| _____ ( ) _____  | ( )   |

**Academic Status:**

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Distribution: Original (white): Admissions & Records

Yellow: Student

Pink: Counseling 3/11/04