

Readmitted Student Contract

DIRECTIONS: Current students who submitted the dismissal petition and were readmitted to the college need to complete the following form with a Counselor (Building 1600, 1st floor). After meeting with a counselor, please submit this contract to Catherine Alfaro (Building 1600, 1st Floor) or via email at lpc-interventions@laspositascollege.edu.

	e (Last, First)		Today's Date
Stude	ent W Number		Zonemail Email Address
Phon	e Number		Cumulative GPA
<u>Curre</u> ı	nt Dismissal Status:		
□ A	cademic Dismissal Progr	ress Dismissal	
Readn	nit Contract for:		
□ F	all 🗆 Spring 🗆 Sum	mer Year:	<u></u>
agre	e that I must complete the follow	ing conditions to con	ntinue my education at Las Positas College:
1	I will enroll in no more than	units which must	t include the following courses:
1.	T WIII EIII OII III 110 11101E tilaii	units, which must	Tillicitude the following courses.
	Name of Course		Units
		TOTAL	
2.	My unit limit will remain in effect cumulative units reflect A, B, C,		Standing and my cumulative GPA is 2.0 (C) or 50% of m
 3. 	cumulative units reflect A, B, C, Once a semester, I will send my progress in my class(es). Addition	or Credit. • Mid-Semester Check onally, I will make an a	Standing and my cumulative GPA is 2.0 (C) or 50% of model. Sk-in Form to my instructors to sign and indicate my appointment (925-424-1400) or drop-in & meet with evember or 1st week in April) to select courses for the
3.	cumulative units reflect A, B, C, Once a semester, I will send my progress in my class(es). Addition my counselor during the 12th w	or Credit. Mid-Semester Check Chally, I will make an a Week (1st week in Nov	<u>ck-in Form</u> to my instructors to sign and indicate my appointment (925-424-1400) or drop-in & meet with
3. Please	cumulative units reflect A, B, C, Once a semester, I will send my progress in my class(es). Additio my counselor during the 12th w following semester.	or Credit. Mid-Semester Check mally, I will make an a reek (1st week in Nov CLASS-Web.	<u>ck-in Form</u> to my instructors to sign and indicate my appointment (925-424-1400) or drop-in & meet with

Please allow up to 15 business days for processing following the receipt of your request.

FOR OFFICE USE ONLY		
Counselor Signature:	Date:	
Interventions Counselor Signature:	Date:	
Processed by (A&R):	Date:	