

**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, first floor). After meeting with a counselor, please submit this contract to Catherine Alfaro (Building 1600 – 1<sup>st</sup> Floor) or via email at [lpc-interventions@laspositascollege.edu](mailto:lpc-interventions@laspositascollege.edu).

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Student W Number

\_\_\_\_\_  
Zonemail Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cumulative GPA

**Current Dismissal Status:**

☐ Academic Dismissal      ☐ Progress Dismissal

**Readmit Contract for:**

☐ Fall      ☐ Winter      ☐ Spring      ☐ Summer      Year: \_\_\_\_\_

**I agree that I must complete the following conditions to continue my education at Las Positas College:**

1. I will enroll in no more than \_\_\_\_\_ units, which must include the following courses:

Name of Course	Units
TOTAL	

2. My unit limit will remain in effect until I am in Good Standing and my cumulative GPA is 2.0 (C) or 50% of my cumulative units reflect A, B, C, or Credit.
3. **Once a semester**, I will take my [progress reports](#) to all of my instructors to sign and indicate my progress in my class(es). Additionally, I will make an appointment (925-424-1400) or drop-in & meet with my counselor during the **12th week (1st week in November or 1st week in April)** to select courses for the following semester.

I certify that the above statements are true: \_\_\_\_\_

Student Signature

\_\_\_\_\_ Date

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: