READMIT CARD

YEAR: 20____ and TERM:
☐ Fall ☐ Spring ☐ Summer

Admissions and Records
(805) 546-3955
www.cuesta.edu

Complete card to petition for readmission to a class from which you have been dropped. Obtain instructor's permission and return card to a registration center, with photo ID, prior to the last day to withdraw deadline for processing. *End of the 12th week for a full-term course.*

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STUDENT IDENTIFICATION NUMBER

LAST NAME | FIRST NAME | M.I.

I wish to be readmitted to:

CRN | SUBJ/NUMB (i.e. ENGL 156) | COURSE TITLE (i.e. College Reading & Writing

Instructor's recommendation to be obtained by the student:

- Was the student in good academic standing at the time they were dropped from the class? ☐ Yes ☐ No
- Do you support readmission to the class? ☐ Yes ☐ No Please complete readmit conditions, if any, on the back of card.

Add Code: _____ **or Instructor's Signature:** _____ Date: _____

I understand and accept all conditions by the instructor for my readmission to this class.

Student's Signature: _____ Date:_____

Instructors may submit card by fax [x3975] or email [register@cuesta.edu].

OFFICE USE ONLY: Reg Aide _____ Date: ____/_____/____

To be completed by the instructor. Please indicate conditions (if any) under which the readmission is being granted.

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