



## STUDENT SUCCESS PROGRAM REGISTRATION CLEARANCE FORM

Name (Last, First, M.I.)	G#	Home Phone:
Semester Clearance: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    20__	Completed SSP Workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____	Work Phone:

**COUNSELOR RECOMMENDATIONS**  
(Note: Any changes to this plan must be approved by a counselor)

<input type="checkbox"/> <b>Current Semester Status:</b> <input type="checkbox"/> Probation 2 (No. of semesters: ___ ) <input type="checkbox"/> Dismissal (No. of semesters: ___ ) <input type="checkbox"/> <b>Limit total units to:</b> <input type="checkbox"/> Fall 20__    ___ <input type="checkbox"/> Sum 20__    ___ <input type="checkbox"/> Spring 20__    ___ <input type="checkbox"/> <b>Reduce work hours per week to:</b> _____ <input type="checkbox"/> <b>Attend a Student Success Workshop by:</b> _____ (Required for Dismissal Students) <input type="checkbox"/> <b>Schedule a meeting with a counselor to update a Student Educational Plan (SEP) by:</b> _____ (Required for Dismissal Students) <input type="checkbox"/> <b>Submit a Mid-Semester Progress Report by:</b> _____ (Required for Dismissal Students) <input type="checkbox"/> <b>Sign up for LSKL 800 to receive tutoring through the Learning Center (Bldg. 5)</b> <input type="checkbox"/> <b>Utilize other Student Support Services and Programs</b> (Financial Aid, EOPS, TRIO, DSPS, SparkPoint Center, Transfer and Career Center, Psychological Services) Please specify: _____ <input type="checkbox"/> <b>Take assessment test(s) in:</b> <input type="checkbox"/> English <input type="checkbox"/> ESOL <input type="checkbox"/> Math <input type="checkbox"/> <b>Other (please specify):</b> _____	<input type="checkbox"/> <b>Enroll in:</b> _____ (CRER 136-137-650-665, COUN 100-105-106-107-108, LSKL 110-800-803-811-826-836-853)  <input type="checkbox"/> <b>Recommended courses to repeat:</b> _____ _____  <input type="checkbox"/> <b>Apply for Academic Renewal:</b> Please specify which courses: _____ _____
<b>Course Recommendations</b>	
Must enroll in the following classes only: Note: Financial Aid students are required to complete an official Student Educational Plan.	
Term: _____ Year: _____	Units
Term: _____ Year: _____	Units
Term: _____ Year: _____	Units
Term: _____ Year: _____	Units
Term: _____ Year: _____	Units

Counselor Comments:

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For dismissal students only:  
 I understand that by not successfully completing courses attempted this upcoming semester **will** dismiss me and I will not be allowed to register in the San Mateo County Community College District (SMCCD) next semester.

Student Signature:	Date:	Counselor Signature:	Date:
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For Admissions and Records only:

Date of Clearance by Admissions and Records \_\_\_\_\_

Date received by Counseling Office \_\_\_\_\_