COLLEGE READMISSION EVALUATION FORM

Name: ____________________________________________ Student ID: __________________________

Phone: __________________________ E-Mail: ___________________________________________________

☐ 1. Submit this completed form and related documentation to your College Academic Advising Office 
no later than two weeks before the University’s readmission deadline. Students applying to take UCSD 
Summer Session courses for readmission must submit this form to their College Advising Office by June 1.

☐ 2. Check the Virtual Advising Center for communication from your college regarding the status of your 
readmission request.

☐ 3. If your request is approved, you must submit the University’s Readmission Application by the 
University’s readmission deadline.

☐ 4. My signature below acknowledges that I have read the instructions above.

Student’s Signature: ___________________________ Date: ___________________________

SECTION 1: PERSONAL STATEMENT

Submit a clear and brief (1-2 pages typed, double spaced) statement addressing the following:
   a. An explanation of the issues(s) you experienced during the quarters that led to your academic disqualification.
   b. A description of the actions you have taken while away from UC San Diego in order to prepare for readmission.
   c. A plan of action you intend to follow should you be readmitted, including any support systems and strategies 
you will utilize.

Attach a copy of transcripts from all institutions you have attended or other supporting documentation.

SECTION 2: ACADEMIC PLAN

   a. Meet with your major department/program advisor (your declared major, or if you are changing majors, your 
proposed major) to develop a realistic plan for the next three quarters.
   b. Your major department/program advisor must endorse this plan.
   c. Please review your degree audit and include remaining general education or University requirements.

Previous Major: ___________________________ Proposed Major: ___________________________

Quarter: ___________________________ Quarter: ___________________________ Quarter: ___________________________

OFFICIAL USE ONLY: MAJOR ADVISOR ENDORSEMENT

Major Advisor: ___________________________________________ Date: ___________________________

Comments: ____________________________________________________________________________

OFFICIAL USE ONLY: COLLEGE REVIEW

☐ APPROVED ☐ DISAPPROVED Quarter of Return: _____________ Signature/Date ___________________________

Comments: ____________________________________________________________________________