

HEALTH SERVICES
LIFTING OF SUSPENSION

This is to certify that _____,
S.S.# _____, has now fully complied with New York
State immunization requirements. Accordingly, his/her suspension is
hereby lifted and he/she can be readmitted to class. Note that
professors are not obligated to readmit a student to class if the
allowable number of absences has been exceeded.

Signature/Stamp _____

Date _____

White - Student Copy
Yellow - Health Services

SCCC #1344 (2/98)