

LIFTING OF SUSPENSION/REQUEST FOR READMISSION TO CLASS

A. LIFTING OF SUSPENSION (To be filled out by Health Services)

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 now
request to be readmitted to classes.

Signature/Stamp _____

Date _____

B. REQUEST FOR READMISSION (To be filled out by student)

C. ACTION TAKEN (To be signed by professor)

<u>COURSE</u>	<u>SECTION #</u>	<u>SIGNATURE OF PROFESSOR (See Note 1)</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE 1: Professors are under no obligation to readmit a student to class if the allowable number of absences has been exceeded.

REMINDER: In order to be officially readmitted to a class and have a "W" removed, the student must turn this form in as soon as possible to the Registrar's Office on the student's home campus.

White - Registrar
Yellow - Student Copy
Pink - Health Services