

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>DATE</u>	<u>SECTION #</u>	SIGNATURE OF PROFESSOR (See Note 1)	
		<u>APPROVED</u>	<u>NOT APPROVED</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