

## Probationary Contract/Conditional Admission

Name: \_\_\_\_\_ Student ID #:

First MI Last

Last semester of attendance: (Sem./Yr) \_\_\_\_\_ Proposed Semester Returning: (Sem./Yr) \_\_\_\_\_

Current Major: \_\_\_\_\_ Proposed Major: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Street City State Zip

<input type="checkbox"/> <b>PROBATION (AP)</b>	<input type="checkbox"/> <b>SUBJECT TO ACADEMIC REVIEW (A2)</b>	<input type="checkbox"/> <b>NOT IN GOOD STANDING (AP)</b>
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### ADMISSION ACTION AND CONDITIONS:

APPROVED (PLEASE FILL IN BELOW)
  DENIED

Conditions of Enrollment:

Minimum Semester Grade Point Average: \_\_\_\_\_ Minimum Grade Per Class: \_\_\_\_\_

Maximum Semester Unit Load: \_\_\_\_\_ Maximum Work Hours: \_\_\_\_\_

Courses which must be repeated: \_\_\_\_\_

\_\_\_\_\_

Other Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing below, I am taking full responsibility and fully understand the consequences of failing to meet any of the above noted conditions of this contract, including possible dismissal from CSUS.*

\_\_\_\_\_  
Signature of University Designee      Date

\_\_\_\_\_  
Signature of Student      Date

OFFICE USE ONLY:    \_\_\_\_ 110    \_\_\_\_ 111    \_\_\_\_ 148    \_\_\_\_ QHRS    \_\_\_\_ EHRS    \_\_\_\_ QPTS