## RETURNING TO UC SAN DIEGO AFTER DISQUALIFICATION PROPOSAL



Name:	PID:	
Phone:	Email:	
April 15 and July 15. Please not	nd any supporting documentation to your Co te that you must obtain your major advisor's ollege. <b>Proposals submitted after July 15 will</b>	signature prior to submitting the
☐ Check the <u>Virtual Advising Cen</u> return.	ter for communication from your college reg	arding the status of your request to
☐ If your proposal is approved, y	ou must submit the Request to Return to UC	San Diego by the Fall Quarter deadline.
☐ Your signature acknowledges t	that you have read the instructions above and	d completed the sections below.
Student's Signature:	nt's Signature: Date:	
	SECTION 1: PERSONAL STATEMENT	
Please note that university enharassment, or sexual violents.  2. A description of the actions.  3. A plan of action you intended strategies you will utilize.	s(s) you experienced during the quarters that employees are responsible for reporting any conce to the Office for the Prevention of Harass you have taken while away from UC San Die to follow should you be approved to return, I institutions you have attended (if any) and/or	allegations of discrimination, sexual ment and Discrimination. go to prepare for return. including any support systems and
	SECTION 2: ACADEMIC PLAN	
develop a realistic plan for F  2. Review your degree audit a	nd include remaining general education and/	or University requirements.
Previous Major:		
Fall Quarter	Winter Quarter	Spring Quarter
PLEASE NOTE: You must earn a 2.0 o	or better term GPA during Fall Quarter to con	l Itinue enrollment in Winter and Spring.
pepartment/Program Advisor: Date:		
Comments:		
OFFICIAL USE ONLY: COLLEGE REVIEW		
APPROVED DISAPPROVED Quarter of Return: Signature/Date:		