

## 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>	SIGNATURE OF PROFESSOR (See Note 1)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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