Thank you for your interest in applying for readmission to Santa Monica College. We appreciate your confidence in us providing you with your educational needs.

THE REQUIREMENTS FOR READMISSION ARE AS FOLLOWS:

1. Complete the readmit application (see reverse side).

2. Write a letter explaining the reasons why you would like to return to Santa Monica College. If your academic objectives have changed please explain in more detail.

3. Submit a current original financial statement showing a minimum balance of $21,000 USD. If you have a government sponsor, please submit the notification of your financial aid award.

ADDITIONAL REQUIREMENTS

If you have attended another institution in the United States since you last attended Santa Monica College, please submit the following:

1. Submit official transcripts if you attended a college or university. You must have a minimum 2.0 grade point average to be readmitted to Santa Monica College.

2. Submit a transfer form from the institution you are currently attending.

3. Submit copies of your SEVIS I-20; passport information page; visa page; and I-94.

If you did not attend another institution in the United States but remained in the United States or returned to the United States with a different visa status, please submit the following:

1. Please inform us of your current visa status by submitting a copy of your visa page and both sides of your I-94 in your passport. If you have changed your visa status within the United States, please submit proof of approval or a copy of the “Acknowledgment Letter” from the Immigration and Naturalization Service.

If you left Santa Monica College due to academic disqualification, please submit the following:

1. A “Disqualified Student's Petition for Readmission” form available through the International Student Center Admissions office.

MAIL TO:

Santa Monica College
International Education Center
1900 Pico Boulevard
Santa Monica, California 90405-1628, U.S.A.
Internet: www.smc.edu/international • Email: intled@smc.edu
I am applying for readmittance for:

<table>
<thead>
<tr>
<th>Summer (June 20__)</th>
<th>Fall (August 20__)</th>
<th>Winter (January 20__)</th>
<th>Spring (February 20__)</th>
</tr>
</thead>
</table>

Date of Application______________________________ SMC Student ID No. ______________________________

Student Name

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Date of Birth ___________________ (Month, Day, Year) Male Female Email Address ________________________________

Country of Birth __________________________ Country of Citizenship ____________________________

I am returning to Santa Monica College to complete:

<table>
<thead>
<tr>
<th>Associate in Arts Degree</th>
<th>Certificate Program in</th>
<th>Transfer requirements to transfer to</th>
<th>Other (Please explain)</th>
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</thead>
</table>

Major Course of Study: __________________________

Address in the U.S.:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Telephone No. ___________________ Fax No. ___________________

Home Country Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Telephone No. ___________________ Fax No. ___________________

I wish to have all correspondence and/or I-20 mailed to: ________________________________ U.S. Address Foreign Address

Are you currently in the United States? ________________________________ Yes No

What is your current visa status? ________________________________ Tourist (B1/B2) F1 Other Out of Status

Do you plan to travel outside the United States before school begins? ________________________________ Yes No

Date leaving ________________________________ Date returning ________________________________

NOTIFICATION OF CHANGE IN SANTA MONICA COLLEGE POLICY

All students who are readmitted to Santa Monica College must comply with the Santa Monica College International Student Health insurance requirement of purchasing the health insurance policy endorsed by Santa Monica College. The cost of the health insurance is automatically added to your fee bill and is payable the same day you enroll in classes.

I have read and understand the above information. I further certify that the information set forth in this readmit application is true to the best of my knowledge. If readmitted to Santa Monica College, I hereby agree to abide by all the rules and regulations set forth by the College.

Signature of Applicant ________________________________ Date ________________________________ (Month, Day, Year)