

# Request for Reinstatement



**Student Name**

**Student ID Number**

**Telephone Number:**

**Email Address**

**Term:**

**Year:**

Fall

Spring

Summer

**Reason for Withdrawal**

Please indicate if the withdrawal is due to Non-Attendance (did not attend/participate in academically related activities during the first week of the term) or Non-Payment (did not submit full payment for tuition/fees prior to the published payment deadline):

Non-Attendance

Non-Payment

**Course Reference Number (CRN)**

List CRNs for ALL courses you are requesting reinstatement:

**Course Abbreviation and Numbers**

List the course abbreviation and numbers for ALL course you are requesting reinstatement

Give a detailed explanation of your request for class reinstatement and explain how any extenuating circumstances contributed to your failure to attend class or pay your balance in full by the published due date.

Upon Completion of this form, it is the student's responsibility to obtain the signature of the instructor(s) of the courses for which you have been reported as Non-Attendance/Non-Payment. The signed form, complete with student and instructor(s) signature(s) must be submitted to the Financial Aid Office for verification on aid. Once the Financial Aid Office has verified award amount, the student will submit the form to the Cashier's Window for payment. The Cashier will confirm receipt of payment and the Registrar's Office will reinstate the student's schedule.

Please Note: For students with partial financial aid, the balance must be paid prior to reinstatement. The reinstatement process must be completed within four business days from the Non-Attendance or Non-Payment reporting date.

**Student's Signature**

I have read the above and understand that I am responsible for any financial obligations this reinstatement may cause, and further understand that I am responsible for any coursework/ assignments missed while not attending/participating in class.

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**Instructor's Signature**

I approve this reinstatement and believe that this student has time to adequately complete the coursework missed and will be successful in the course.

**Instructor's Signature**

I approve this reinstatement and believe that this student has time to adequately complete the coursework missed and will be successful in the course.

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**For Official Use Only**

Financial Aid                      Financial Aid Official ( Award Amount):

Approved

Business Office                      Business Office Official (Balance Received):

Approved

Registrar's Office                      Registrar's Office Official (Classes Reinstated):

Approved