Reinstatement Request

Your signature indicates attendance of the student listed below in your class. Your signature will serve as justification for reinstatement. The student listed below is responsible for bringing this signed form to the Office of the Registrar.

Student Name:_____________________________________________

Student I.D. # ______________________________________________

Course Prefix, I.D. and Section :_______________________________________

Course Name:____________________________________________________

Term: __________________________________________________________

Faculty Member’s Signature:__________________________________

This form MUST be returned to the Office of the Registrar for reinstatement to occur.