

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.