Request for Reinstatement to Class

Instructions: The student will complete this form with relevant information to justify the request to be reinstated. The completed form should be returned to your instructor immediately.

Student Information
Student’s Name ___________________________ Student Identification Number ______________
Course Prefix & Number _______________ Course Section Number ________________
Course CRN ___________________________ Instructor’s Name ___________________________

1. Please list the date and reason for each absence taken during the course. Please indicate if you missed other classes on these dates on the back of this form.
   a) Absence #1 - 
   b) Absence #2 - 
   c) Absence #3 - 
   d) Absence #4 - 
   e) Absence #5 - 
   f) Absence #6 - 
   g) Absence #7 - 

Student’s Signature ___________________________ Date __________

Faculty Recommendation:
☐ Recommended for Reinstatement
☐ Not Recommended for Reinstatement
Comments: ______________________________________________________
_________________________________________________________________
_________________________________________________________________

Instructor’s Signature ___________________________ Date __________

Please forward to the Dean of Instruction.
☐ Approved for Reinstatement
☐ Not Approved for Reinstatement

Dean of Instruction ___________________________ Date __________

Note to students: A request for reinstatement to class will be considered by your instructor and by the Dean of Instruction under two conditions:
1. All absences incurred should be the result of genuine extenuating circumstances.
2. Reinstatement may be granted with the understanding that no additional absence is allowed.
A copy of this form will be sent to the Records Office and to the Instructor.