

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 2 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.