

REINSTATEMENT APPEAL

___ Fall ___ Spring ___ Summer I ___ Summer II ___ Other YEAR = _____

Printed Name: _____ ID: _____

I am appealing to be reinstated into the class(es) below:

Class #	Title	Last Date of Attendance (Instructor must fill in)	Signature of Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Academic Advisor: _____ Date: _____

If applicable, I am requesting the Office of Financial Aid to substantiate that adequate financial aid is available this term to cover the tuition, fees, and other charges to be incurred:

_____ Yes ___ No ___ _____
Signature of Financial Aid Official Date

If applicable, I am requesting the Office of the Cashier to verify that I am in the process of setting up a payment plan to cover the tuition, fees, and other charges to be incurred:

_____ _____
Signature of Cashier Official Date

By signing below, I understand that I will be responsible for all tuition, fees, and other charges generated by reinstatement into any classes for this term or session. I am also providing a statement of the extenuating circumstances which have made this appeal necessary. I also understand the decision of the committee shall be final.

Signature of Student Date

Received in Office of Registrar by _____ on _____.

Decision of committee reviewing the appeal: ___ Accepted ___ Denied Date: _____

Committee Representative: _____