

REINSTATEMENT REQUEST FOR:

___Fall ___Spring ___Summer I ___Summer II ___Other YEAR = _____

Printed Name: _____ ID: _____

I am requesting reinstatement 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:

_____ Date
Signature of Cashier Official

By signing below, I understand that I will be responsible for all tuition, fees, and other charges generated by reinstatement into classes for this term or session:

_____ Date
Signature of Student

Received in Office of Registrar by _____ on _____.

Processed in Office of Registrar by _____ on _____.