



Student Reinstatement Form

PLEASE PRINT IN BLACK INK

Date of Request: _____

Directions to Applicant: Complete form and return to the Student Services office.

_____ Last Name First Middle/Maiden

_____ Social Security Number AIS Number Program of Study

Educational services for the student name above have been interrupted due to:

Please mark one of the following reason(s) pertaining to this student:

- He / she attened court proceedings
- He/she placed in a separate facility (by DOC), i.e.
- Other reason(s): please specify _____

Please list all classes to be reinstated;

Instructor's Plan for Assessment:

- Make up test List: _____

- Extra Credit Assignment(s) List: _____

- Make-up Assignment(s) List: _____

Student's Signature Date

Instructor / Advisor's Signature Date

Student Services Representative Date

Dean of the College Approval Date

Keyed by/Date: _____