

REINSTATEMENT TO CLASS

STUDENT: _____

(Please Print) Last Name First Name Middle Initial

COC ID Number Date of Birth Phone Number

COURSE: _____

(Please Print) Course Title

Section Number Day/Time Instructor Name

Year: _____ **Semester/Term:** Fall Spring Summer

Instructions to Student: If approved for a REINSTATEMENT, you must bring this form to the Admissions and Records office within 24 hours of Instructor's signature date below.

STUDENT SIGNATURE: _____ **DATE:** _____

REINSTATEMENT TO CLASS (student was officially registered in class AND paid fees)

A student dropped from class may ONLY be reinstated upon recommendation of the instructor. The instructor hereby states that the student's progress prior to drop action was satisfactory, and the student has a reasonable chance of successfully completing the course AND either
(Check appropriate box)

- Drop was in error, OR
- Student's excessive absences were due at least to one of the following circumstances:
 - ❖ Serious illness or hospitalization
 - ❖ Death in family
 - ❖ A verified extenuating circumstance that is primarily beyond the student's control
(Please explain below)

Instructor's Signature

Today's Date

This form needs to be filled out completely in order to be processed.

1. Please fill out your name, ID number, Birth Date, phone number, the section and course that you would like to be reinstated to and the year and term this course is being offered in.
2. Bring the form to your instructor to indicate a reason and sign and date the form.
3. Please bring it to the Admissions and Records office for processing within 24 hours of the instructors signature.
4. The Admissions and Records staff will reinstate you into the class if appropriate.
5. The Admissions and Records staff will give you a copy of this form.