



OFFICE OF THE REGISTRAR

REINSTATEMENT FORM

Please be advised that reinstatement due to not-class attendance is at the discretion of the Professor.

Please reinstate _____ ID #: _____ into the following class:

_____ section number

The Professor's statement for this reinstatement is due to the following reason(s):

I have counseled with the above student and he/she understands that if he/she has missed any class dates he/she is responsible for ALL makeup work.

_____ Student	_____ Date
_____ Professor	_____ Date
_____ Division Chairperson	_____ Date
_____ Vice President for Academic Affairs	_____ Date
_____ Office of the Registrar	_____ Date