



OFFICE OF THE REGISTRAR

# Reinstatement Request Form

Your signature indicates attendance of the student listed below in your class. Your signature will serve as justification for reinstatement. The student listed below is responsible for bringing this signed form to the Office of the Registrar.

Student Name (Printed): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course Prefix, I.D. and Section: \_\_\_\_\_

Course Name: \_\_\_\_\_

Term: \_\_\_\_\_

Has the student been attending?      Yes:       No:

**I certify that the above information is true and correct to the best of my knowledge and belief.**

Signature of Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form MUST be returned to the Office of the Registrar for reinstatement to occur.**