

## Petition for Reinstatement to Class Roll After Being Dropped for Non-Attendance

<b>Student ID No:</b>	<b>Semester &amp; Year:</b>			
<b>Student's Name:</b>	<b>Phone Number:</b>			
<b>Email:</b>				
<b>NOTES TO STUDENT:</b>				
<p><b>In general, students who have been dropped for <u>NON-ATTENDANCE</u> will not be reinstated into the classes from which they were dropped.</b></p> <p>Reinstatements will be considered if either:</p> <ul style="list-style-type: none"> <li>*the instructor made an error and the student was in attendance prior to being dropped OR</li> <li>*the student can document a crisis that prevented attendance and the instructor believes that there is a strong probability that the student can catch up in the class.</li> </ul> <p>A student who falls into one of these two cases can carry this form to the instructor. If the instructor signs the form and the student returns it to the Cashier's Office and confirmation of payment is received by the deadline for seeking reinstatement, then the student will be reinstated in the course.</p> <p>The deadline for seeking reinstatement for the <b>Spring 2021</b> Semester will be <b>Monday March 8, 2021</b>.</p>				
<b>COURSE INFORMATION</b>				
<b>Please complete a separate petition for each class for which you are seeking reinstatement.</b>				
_____	_____	_____	_____	_____
Course Abbreviation	Course Number	Course Reference Number (CRN)	Credit Hours	Instructor
Example: ENGL 110 10010 3 hours Dr. Smith				
<p>Give a detailed explanation of what you are requesting and the reason for your request. Document any hardship and/or extenuating circumstances as fully as possible, and explain specifically how these contributed to the need for the request. Attach additional pages to this form as needed. Petitions filed without proper explanation and documentation will be denied.</p>				
_____				_____
Student's Signature				Date

**NOTES TO INSTRUCTOR:**

For students requesting to be reinstated in your course after having been dropped for **NON-ATTENDANCE:** Please approve this reinstatement if an error was made and the student was present at least one time during the first 10 days of fall or spring semester or during the first five days of summer semester. Otherwise approve this reinstatement only if each of the following three things are true:

- \*The student has attended at least one class meeting of your class AND
- \*The student has shown you documentation that reveals that a personal crisis prevented his or her attending your class during the first 10 days of class (first 5 days in summer semester) AND
- \*You have reviewed your syllabus with the student and you believe that he or she will be able to successful in the class.

**INSTRUCTOR: Sign appropriate line to indicate approval or disapproval.**

Comments:

Instructor's signature confirms student's attendance of at least one class meeting and receipt of student's notification of intent to attend class.

**APPROVED**

**DISAPPROVED**

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

The course removed for non-attendance has been reinstated to the student's schedule and tuition and fees have been assessed accordingly.

1. Acceptance Indicator at the time of reinstatement: (Circle One) Confirmed    None    Accepted
2. Student Level (Circle One) Graduate    Undergraduate
3. Enrollment Status Changed from part-time to full-time (9 hours full time for graduate & 12 hours full time for undergraduate) (Circle One) Yes    No

\_\_\_\_\_  
Credit Hours before Reinstatement

\_\_\_\_\_  
Credit Hours after Reinstatement

\_\_\_\_\_  
Registrar's Office Signature

\_\_\_\_\_  
Date

**\*\*Only if indicator is Confirmed or None/or student status changes from part-time to full-time\*\***

**FINANCIAL AID OFFICE: Financial Aid Covers Hours Added    Yes    No**

Recommendation:

Approval

/

Disapproval

Comments:

\_\_\_\_\_  
Financial Aid Office Signature

\_\_\_\_\_  
Date

**CASHIER'S OFFICE: Required Tuition/Fees Paid**

**Yes**

**No**

Recommendation:

Approval

/

Disapproval

Comments:

\_\_\_\_\_  
Bursar's Office Signature

\_\_\_\_\_  
Date

**\*\*This form should be returned to the Registrar's Office once all signatures have been obtained.\*\***