



# Request for Reinstatement

Submit this form **ONLY** if the student was accidently dropped **AFTER** census **AND** had been enrolled in the course **PRIOR** to census. Submit completed form by email to MJCESeForms@mjc.edu.

## To be completed by the STUDENT:

Today's Date: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: *w* \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Course Information:

Course Name: \_\_\_\_\_ Section #: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Semester/Year:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

### Explanation for requesting reinstatement:

A reinstatement can only be submitted if you were enrolled in the course prior to census and you were dropped in error after the census date. Please explain how the drop occurred:

Instructor dropped student accidently  Student dropped self accidently  Other ( please explain): \_\_\_\_\_

*I understand that by signing this form all information listed is true and **subject to approval**. If approved, I agree to pay all enrollment fees associated with this course. If denied, I understand I will be notified by my MJC student email and agree to stop attending this class.*

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

## To be completed by the INSTRUCTOR:

\*If the instructor dropped the student, it is the instructors responsibility to notify the student via their student email.

Approved  Denied Student's First Date of Attendance: \_\_\_\_\_

Student has been notified through their student email Date of notification: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If there is no student signature, the Division Dean signature is **required**.

| OFFICE USE ONLY                   |                                 |   |   |
|-----------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Census Date: _____                        |   |
| Dropped Date & by who: _____      |                                 | <input type="checkbox"/> STAC             | <input type="checkbox"/> RGCS <input type="checkbox"/> ReBill |
| Staff Initials: _____             | Date of Reinstatement: _____    | <input type="checkbox"/> Notified Student |   |