



Request for **REINSTATEMENT TO CLASS**

Admissions Office Use Only:	Date: _____	Clerk: _____	Decision: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
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PURPOSE:

To reinstate a student who was once officially enrolled but was erroneously dropped from the class.

INSTRUCTIONS:

- The professor must sign the form and indicate the reason for the REINSTATEMENT.
- Student must take this form to Admissions & Records for processing by the deadline.
- This request should be submitted as soon as possible but **must** be received prior to **submission of final grades for the term.**

1. Student Information:

Name: _____	Mt. SAC ID #: _____
Address: _____	Telephone: (____) _____ - _____
City: _____	State: _____ Zip: _____

2. Course in which the REINSTATEMENT is requested:

Professor: _____	
Course Name: _____	CRN #: _____
Semester/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: _____

3. To be completed by the Professor:

I understand this form is used only when I desire to add the student back in my class after the student has been dropped. Please check the box that applies:

Student was dropped by the professor.

Other: _____

Professor's Signature: _____ Date: _____