



Reinstatement Request Form

This form is to be used for reinstating students who have been dropped in error for non-participation. Completed forms must be received and processed by your Enrollment Services Office. Please refer to the current CT State Academic Calendar for important term specific deadlines.

Student Information:

Student ID: @_____

Name (Last, First, Middle Initial): _____

CRN	SUBJ	COURSE-SECT	Course Title	Instructor Name

Reason for Reinstating Student: _____

Instructor Certification:

By signing the below, I affirm the above-named student was erroneously reported as NOT engaged/non-Participating, and that the information presented above is true and accurate.

Instructor Signature: _____

Date: _____

Approved _____

Denied _____

Campus Academic Dean/Designee _____

Date: _____

IMPORTANT: Please inform your campus Financial Aid Office once the student has been registered.

<p>For Enrollment Services Office Use Only</p> <p>Date Received: _____</p> <p>Date Entered: _____</p> <p>Entered By: _____</p>
