



## 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.

### For Enrollment Services Office Use Only

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

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

Entered By: \_\_\_\_\_