CLASS REINSTATEMENT

Name: _____ ID #: _____-____-_____
Last First MI

Semester: _____/_____ Course: _____/_____/_____ Credit Hours: _____
Term Year Prefix Number Section

Last Date Of Withdrawal For This Course: _____/_____/_____ Today's Date: _____/_____/_____

NOTE: This form is not valid after the last day to withdraw from class. This date is on the Student's Schedule of Classes.

– I have not been reinstated to this class previously.

– I understand that I am financially responsible for all tuition and fees assessed to my account.

Student's Signature: _____ **Date:** _____

AS THE INSTRUCTOR OF THIS COURSE, I AM AWARE THAT IT IS MY RESPONSIBILITY TO SUBMIT A GRADE CHANGE FORM AFTER THE COURSE COMPLETION TO CHANGE THE "W" TO THE GRADE EARNED.

Instructor's Signature: _____ **Date:** _____

Instructor: Do **not** return this form to the student. Forward it to the Registrar's Office Pueblo Campus or the SCCC-W, SCCC-E or Fremont Campus.

College Center Room 224
Class Reinstatement

Admissions and Records Phone 549-3016