

## REINSTATEMENT FORM

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Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program: \_\_\_\_\_

Term:  Fall                      Year: \_\_\_\_\_

Spring

Summer

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

Check One Below:

Application for **Re-Enrollment**

Reinstatement from **Leave of Absence** (This must have been pre-approved)

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### Office Use Only

Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Student Service: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting: \_\_\_\_\_ Date: \_\_\_\_\_

Student Record: \_\_\_\_\_ Date: \_\_\_\_\_