CT STATE
COMMUNITY COLLEGE

Reinstatement Request Form

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

Student Information:

Student ID: @_____   Phone Number_____

Name (Last, First, Middle Initial): _____

Term_____   Year _____

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 Name: _____   Date: _____

Instructor Signature: _____

Approved   Denied

Campus Academic Dean/Designee   Date: _____

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

For One Stop Enrollment Center Use Only

Date Received: _____

Date Entered: _____

Entered By: _____

original: 2023-2024 year
rev: 05012024