



Request for Reinstatement

Submit this form **ONLY** if the student was accidentally dropped **AFTER** census **AND** had been enrolled in the course **PRIOR** to census. Submit completed form by email to: ccadmissions@yosemite.edu

To be completed by the STUDENT:

Today's Date: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Birthdate: _____ Phone Number: _____

Course Information:

Course Name: _____ Section #: _____ Course Start Date: _____

Semester/Year: Summer _____ Fall _____ Spring _____

Explanation for requesting reinstatement:

A reinstatement can only be submitted if you were enrolled in the course prior to census and you were dropped in error after the census date. Please explain how the drop occurred:

Instructor dropped student accidentally Student dropped self accidentally Other (please explain): _____

*I understand that by signing this form all information listed is true and **subject to approval**. If approved, I agree to pay all enrollment fees associated with this course. If denied, I understand I will be notified by my Columbia College student email and agree to stop attending this class.*

Student Signature: _____ Date: _____

To be completed by the INSTRUCTOR:

*If the instructor dropped the student, it is the instructor's responsibility to notify the student via their student email.

Approved Denied Student's First Date of Attendance: _____

Student has been notified through their student email Date of notification: _____

Instructor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

*If there is no student signature, the Division Dean signature is **required**.

OFFICE USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Census Date: _____	
Dropped Date & by who: _____			<input type="checkbox"/> STAC <input type="checkbox"/> RGCS <input type="checkbox"/> ReBill
Staff Initials: _____	Date of Reinstatement: _____		<input type="checkbox"/> Notified Student