Mt. SAC
Mt. San Antonio College

Request for **REINSTATEMENT TO CLASS**

Admissions Office Use Only:	**Date:**	**Clerk:**	**Decision:** ☐ Accepted ☐ Denied

PURPOSE:

To reinstate a student who was once officially enrolled but was erroneously dropped from the class.

INSTRUCTIONS:

- The professor must sign the form and indicate the reason for the REINSTATEMENT.
- Student must take this form to Admissions & Records for processing by the deadline.
- This request should be submitted as soon as possible but **must** be received prior to **submission of final grades for the term.**

1. **Student Information:**

Name: _____ Mt. SAC ID #: _____

Address: _____ Telephone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

2. **Course in which the REINSTATEMENT is requested:**

Professor: _____

Course Name: _____ CRN #: _____

Semester/Session: ☐ Fall   ☐ Winter   ☐ Spring   ☐ Summer   Year: _____

3. **To be completed by the Professor:**
I understand this form is used only when I desire to add the student back in my class after the student has been dropped. Please check the box that applies:

☐   Student was dropped by the professor.

☐   Other: _____

Professor's Signature: _____ Date: _____