Request for Reinstatement

MJC MODESTO JUNIOR COLLEGE

Must be enrolled in course PRIOR to census.

Submit completed form to Enrollment Services by email MJCESeForms@mjc.edu, in-person, or inter-office mail.

To be completed by the STUDENT:

Today's Date: _____   Semester/ Year: _____

Student Information

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

Student ID: w _____ Phone Number: _____

Course Information

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

☐ REINSTATEMENT
   A reinstatement can only be selected if you were previously enrolled in the class and you were dropped in error. Please explain how the drop occurred:

_____

_____

*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 MJC student email and agree to stop attending this class.*

Student Signature: _____ **Date:** _____

To be completed by the Instructor:

* If Instructor dropped student, it is the Instructor responsibility to notify student via their student email.

☐ APPROVED   ☐ DENIED   **Student's First Date of Attendance:** _____

Please describe how you inadvertently dropped the student:

_____

_____

☐ 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.

<u>OFFICE USE ONLY</u>

☐ Approved   ☐ Denied   Census Date: _____

Dropped Date & by who: _____   ☐ STAC   ☐ RGCS   ☐ ReBill

Staff Initials: _____   Date of Reinstatement: _____   ☐ Notified Student

MJC Enrollment Services ● Phone (209)575-6853
EAST 435 College Avenue, Student Services Bldg. 1st Floor ● WEST 2201 Blue Gum Ave, Yosemite Hall 1st Floor

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