



Request for Reinstatement

Must be enrolled in course PRIOR to census.

Late add requests will not be processed.

To be completed by the STUDENT:

Today's Date: _____ **Term:** _____

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, but were dropped by mistake by either yourself or the instructor. 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:

APPROVED DENIED

Course Census Date: _____ **Student's First Date of Attendance:** _____

Please describe how the student was inadvertently dropped:

Instructor Signature: _____ **Date:** _____

Printed Name: _____

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

OFFICE USE ONLY

Processed Unable to Process **Notes:** _____

Staff Initials: _____ **Date:** _____ STAC Notified Student Rebill Referred Denial SSSP