

**Roanoke-Chowan Community College
Request for Reinstatement**

Section I: Completed by Student

Date _____

Name (Last, First, Middle) _____

Name of Course You Wish to Re-Enter _____

Course Instructor _____ Semester/Term _____

Reason Seeking Re-entry _____

Section II: Completed by Instructor and Dean of Student Services/Designee

Reason Student was Dropped _____

Request for Reinstatement: Approved Denied Approved with Stipulations

Justification/Stipulation _____

Instructor Signature: _____ Date: _____

Dean/Designee Signature: _____ Date: _____

Section III: Student Acknowledgement of Decision

____ I understand and accept the decision regarding reinstatement.

____ I do not accept the decision regarding reinstatement and am aware that I may follow the student appeal process. I understand that during an appeal process attendance in the above course is not permitted.

____ If reinstated, I understand that a second absence and/or failure to abide by any stated stipulation will result in my being dropped with no further reinstatement consideration.