



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.
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.