



STUDENT CLASS REINSTATEMENT PETITION

Please type or print below

Semester/Year: _____ Date: _____

Student's Name: _____ Student ID #: _____

Instructor's Name: _____ Course/Section#: _____

I am applying for reinstatement based on "extenuating circumstances which were beyond my control." Such extenuating circumstances, verified in writing, were acute medical, family, or other personal problems, which rendered normal academic functioning unlikely or impossible.

Explain "extenuating circumstances" and attach support documentation for ALL absences caused by extenuating circumstances.

Dates of Absences: _____

Student's Signature _____ Date _____

I verify that the above student had been doing satisfactory work and that in my judgement the student has a reasonable chance of passing the course.

I recommend reinstatement I do not recommend reinstatement

Instructor's Signature _____ Date _____

This is in compliance with Title V regulations and Hartnell College Policy.

Yes No Comments: _____

Director of Enrollment Services Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY ADMISSIONS & RECORDS OFFICE

Reinstated on: _____ By: _____