

## STUDENT CLASS REINSTATEMENT PETITION

Please type or print below	
Semester/Year:	Date:
Student's Name:	Student ID #:
Instructor's Name:	Course/Section#:
my control." Such extenuating circu	ed on "extenuating circumstances which were beyond umstances, verified in writing, were acute medical, which rendered normal academic functioning unlikely or
Explain "extenuating circumstances caused by extenuating circumstance	" and attach support documentation for ALL absences es.
Dates of Absences:	
Student's Signature	Date
I verify that the above student had the student has a reasonable chance	peen doing satisfactory work and that in my judgment ce of passing the course.
I recommend reinstateme	ent I do <u>not</u> recommend reinstatement
Instructor's Signature	Date
This is in compliance with Title V regu	ulations and Hartnell College Policy.
Yes No	Comments:
Dean of Student Affairs	Date
THIS SECTION TO BE CO	MPLETED BY ADMISSIONS & RECORDS OFFICE

A&R: mc 2/20