Reinstatement and Grade Issuance Appeal



Student Name: Student ID #:

Objective: To be reinstated into the following course(s) from which I was dropped due to non-payment of fees and tuition.

Deadline: Reinstatement requests will only be considered for up to two (2) weeks from the date grades were due for the course(s) according to the College's Academic Calendar.

Term of Request:

| Course Title | Course Number | CRN (5 digits) | Instructor |
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Students must attach a letter of explanation detailing the circumstances for non-payment.

Instructors must attach the Instructor Feedback Form 75.59 (I) and follow the Grade Change Request outlined in procedure 60.7.

I understand that:

- I have been fully informed that upon reinstatement I will have 24 hours (or one business day) to pay all tuition and fees due for these course(s), or that I will be automatically dropped from the course(s). Payment may be made by credit card on-line or by calling the CFK Business Office at 305-809-3186.
- If I am receiving financial aid, military assistance, veterans' benefits, or am an international student, it is my responsibility to check with the appropriate office to determine if this request will affect my benefits or status.
- If reinstatement is approved, my instructor(s) will be notified so that my grade for this course(s) may be released and posted.

- Requests received without proper documentation will be returned and not reviewed until proper documentation is provided to the Student Services Appeals Committee (SSAC) and this could jeopardize the timeliness of the Committee's decision.
- It is my responsibility to monitor my CFK email account for any correspondence from the Committee regarding this request.
- The Committee has the right to seek relevant input regarding this request from other college departments, including instructors, and use this information in their decisionmaking.

I accept the decision of the SSAC as final and not subject to further appeal within the college.

By signing below, I certify that I have read and understand all of the information on this form. I further certify that all statements and documentation provided by me in support of this exception are truthful and representative of the facts.

| Student's signature: | Date: | |
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Submit your request for consideration to:

CFK Student Services Appeals Committee Student.Appeals@cfk.edu
The College of the Florida Keys
5901 College Road, Key West, FL 33040

Phone: (305) 809-3215