

Reinstatement and Grade Issuance Appeal



Student Name: _____ Student ID #: _____

Phone #: _____ Term of Request: _____

I am requesting to be reinstated into the following course(s) from which I was dropped due to non-payment of fees and tuition. **Reinstatement request will only be considered for up to 2 weeks from the date grades were due for the course(s).**

Course: _____ CRN #: _____ Instructor: _____

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Please attach the following:

Student:

Letter of explanation from student
Explaining circumstances for non-payment

Instructor(s):

Instructor Feedback form
Final Grade Change Form submitted

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 purged 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 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 Committee 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 decision-making.
- 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.
- **I accept the decision of the Student Services Appeals Committee as final and not subject to further appeal within the college.**

Student Name: _____ Student ID #: _____

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: _____

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) 809-3230 Fax: (305) 292-5163