Credit Course Reinstatement Form

Step 1: To be completed by the student

Name: CFK Student ID#:

The course you are requesting to be reinstated in.

Term: Fall   Spring   Summer   Year:

Course Prefix & Number: CRN #:

The reason you were removed from the course:

    Voided for Non-payment

    Voided for Non-participation

Student's Signature: Date:

Step 2: To be completed by the instructor

By signing below, I confirm that I have reviewed and verified the information above and approve the student's reinstatement in the course.

Instructor's Name:

Instructor's Signature: Date:

Step 3: Instructor Action

Forward this completed request to **admissions@cfk.edu**, and copy the following recipients: The student's **CFK email address** and **financialaid@cfk.edu**

Step 4: To be completed by the Office of Enrollment Management

- If the reinstatement is due to **non-participation**, copy **Financial Aid** on the reinstatement confirmation email.
- If the reinstatement is due to **non-payment**, obtain **approval from the Business Office** (e.g., initials on this form).
- Respond to the instructor's request and include the student (via CFK email) in the communication regarding the outcome.
- Ensure the reinstatement request is filed in the student's record.