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| Date of Request | | | | | **REINSTATEMENT REQUEST FORM**  (Also available in DocuSign.) | | | | | | | | | | | | | | | | Semester & Year (Fall 06) | | |
|  | | | | | / | | |
|  |  | |  | | |  | | | |  | |  |  | |  | | |  | | |  |  | |
| Student ID # | | | | |  | |  | | Program Code | | | | |  | | | | | | | Veteran's Benefits: | | |
|  | | | | |  | | |     |     |     |     | | | | | | | | | |  | | | | | YES | NO | |
|  | |  | |  | | | |  | | |  |  |  | |  | | |  | | |  |  | |
| Course Prefix | | Course Number | | Section Number | | | | Credit Hours | | |  | Advisor's Name | | | | | | | | | | | |
|  | LAST: |  | | | | FIRST: | | |  | | MI: |  |
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|  | |  | |  | | | |  | | |  |  | | | | | | | | | | | |
|  | |  | |  | | | |  | | |  | Student's Name | | | | | | | | | | | |
|  | |  | |  | | | |  | | |  | LAST: |  | | | | FIRST: | | |  | | MI: |  |
| Total Credits | | | | | | | |  | | |  |
|  | Student’s Phone Number: | | | | | | |  | | | | |
|  |  | |  | | | | |  | | |  |  |  | |  | | |  | | |  |  | |
| As the instructor of record, I have communicated with the student: they are to continue to attend the class to stay current with the course work. Reinstatement is contingent upon approval of this request and payment of all outstanding debt to Fayetteville Technical Community College.  The student also understands that if they are paying out of pocket they have five (5) business days from the date that they are contacted by the Office of Business and Finance to pay the outstanding balance. Failure to pay the outstanding balance by the deadline will void the reinstatement. | | | | | | | | | | | | | | | | | | | | | | | |
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| **INSTRUCTOR:** | | APPROVED / DISAPPROVED  (PLEASE CIRCLE ONE) | | | |  | | |
| Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Last Date of Academic Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Comments: |  | | | | | | |  |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |
| **DEPARTMENT CHAIR:** | | APPROVED / DISAPPROVED  (PLEASE CIRCLE ONE) | | | |  | | |
| Comments: |  | | | | | | |  |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |
| **DEAN:** | | APPROVED / DISAPPROVED  (PLEASE CIRCLE ONE) | | | |  | | |
| Comments: |  | | | | | | |  |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |
| **FTCC BURSAR:** | | PAID / HAS 3RD PARTY | | | | YES / NO  (PLEASE CIRCLE ONE) | | |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |
| **FINANCIAL AID:** | | FINANCIAL AID IF REINSTATED | | | | YES / NO  (PLEASE CIRCLE ONE) | | |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |
| **REGISTRAR:** | | ADDED TO COURSE | | | | YES / NO  (PLEASE CIRCLE ONE) | | |
|  |  |  |  | |  | |  |  |
|  | Printed Name |  | Signature | |  | | Date |  |