BEAUFORT
COUNTY COMMUNITY COLLEGE

CURRICULUM COURSE REINSTATEMENT REQUEST FORM

** Form must be submitted to the division Dean within 3 business days of the withdrawal. **

If approved, the Vice President of Academics will submit this form to the Admissions and Records Office.

STUDENT AND COURSE INFORMATION:

Student ID No. OR Last 4 of SSN	Last Name	First Name	MI	Semester/Year	DOB (MM/DD/YYYY)

REINSTATE THE FOLLOWING CLASS(ES)

COURSE CODE (Example: ENG 111-600)	DATE OF WITHDRAWAL This is the date that the student was removed from the class.

PROVIDE A DETAILED EXPLANATION OF THE EXTENUATING CIRCUMSTANCES THAT SUPPORT WHY YOU SHOULD BE REINSTATED IN THE CLASS(ES):

REQUIRED SIGNATURES:

Student Signature: _____ Date: _____

Dean Signature: _____ Date: _____

VP of Academics: _____ Date: _____

INCOMPLETE OR UNREADABLE REQUESTS CANNOT BE PROCESSED. THANK YOU!