



# STUDENT CLASS REINSTATEMENT PETITION

Please type or print below

Semester/Year: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Course/Section#: \_\_\_\_\_

I am applying for reinstatement based on "extenuating circumstances which were beyond my control." Such extenuating circumstances, verified in writing, were acute medical, family, or other personal problems, which rendered normal academic functioning unlikely or impossible.

Explain "extenuating circumstances" and attach support documentation for ALL absences caused by extenuating circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Absences: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I verify that the above student had been doing satisfactory work and that in my judgment the student has a reasonable chance of passing the course.

I recommend reinstatement

I do not recommend reinstatement

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

This is in compliance with Title V regulations and Hartnell College Policy.

Yes

No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Dean of Student Affairs

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY ADMISSIONS & RECORDS OFFICE**

Reinstated on: \_\_\_\_\_ By: \_\_\_\_\_