



Request for Course Reinstatement

(Request to re-register in a course from which the student has been dropped)

Please NOTE that the LAST DAY to REQUEST Reinstatement will be CENSUS DAY for each respective semester.

Student Name (print): _____ TSC ID#: _____

Street Address _____ City _____ State _____ Zip _____

Telephone number: _____ Email address: _____

Course to be reinstated (a separate form must be completed for each course):

Course: _____ # of Semester Credit Hrs. _____
Prefix # Section

Lab: _____ # of Semester Credit Hrs. _____
Prefix # Section

Instructor's Name: _____ **Semester & Year:** _____

Reason for Reinstatement: _____

I understand I am responsible for all tuition and fees associated with this request. To complete the reinstatement process, I understand that these fee must be paid in full, or payment arrangements made with the TSC Cashier's, the same day I submit this request to the Office of Admissions and Records. Failure to make payment or payment arrangements the same day the completed form is submitted may void the reinstatement request.

NOTE: SIGNATURES MUST BE OBTAINED IN THE FOLLOWING ORDER:

Course Instructor: _____ Date: _____ Approved Denied

Student Signature: _____ Date: _____

After obtaining signature and approval, please email form to carolina.reyna@tsc.edu in order to get processed. Student will then contact the TSC Cashier's at Oliveira Student Services for payment or payment arrangements.

OFFICE OF ADMISSIONS USE ONLY

Received by: _____ DATE: _____