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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 the LAST DAY of the WITHDRAW DATE for each respective semester.

Student Name (print): _			TSC ID#:	
Street Address	City	y	State	Zip
Telephone number:	Email addr		ress:	
ourse to be reinstated (a s	separate form mus	st be completed for each	course):	
ourse:			# of Semester Cred	lit Hrs
ourse:Prefix				
Prefix	#	Section	# of Semester	Cledit fils
structor's Name:		Semester & Year:		
eason for Reinstatemen	t•			
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