



54 COLLEGE DRIVE • MARION, NC 28752 • 828.652.6021 • FAX 828.659.0430 • admissions@go.mcdowelltech.edu

STUDENT REINSTATEMENT PETITION

Student's Name: _____

Date: _____

Semester/Year: _____

Student ID#: _____

Instructor's Name: _____

Course/Section#: _____

Dates of absence: _____

Course Drop Date: _____

I am petitioning for reinstatement into the above class due to extenuating circumstances that were beyond my control. I understand that my circumstances are limited to medical, family, or personal problems which rendered normal academic functioning unlikely or impossible. List below your explanation for class absences and attach any supporting documentation.

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 this course.

____ I recommend reinstatement

____ I do not recommend reinstatement

Instructor's Signature: _____

Date: _____

Plan of action by Instructor for student to complete missed work:

Due Date for plan of action to be complete: _____

Vice President of Academics & Student Services: _____

Registrar: _____

Financial Aid Director: _____