

**SOUTH PLAINS COLLEGE
ADMISSIONS AND RECORDS OFFICE
REINSTATEMENT REPORT**

PLEASE TYPE IN FORM OR PRINT CLEARLY

Student ID		Student Last Name		Student First Name		MI
Course Abbr.	Course No.	Course Sec.	Semester	Year	Term Code	
Instructor Name						

Print Form

I HEREBY REQUEST THAT THE ABOVE NAMED STUDENT BE REINSTATED.

Instructor Signature

Date

- * The Reinstatement Report should be submitted within seven days of the Administrative Drop Report.
- * DO NOT issue the form to the student.
- * Return completed form to Amanda Morin, Box C. Direct questions to Ms. Morin at extension 2570 or at amorin@southplainscollege.edu.

(For Office Use Only)

Processed By

Date

The following have been notified: _____ Financial Aid Office
_____ Business Office