



PETITION FOR REINSTATEMENT TO CLASS FORM

1. Student Name: _____
2. LU Student ID: _____
3. Date: _____
4. Major: _____
5. Term: _____

6. CRN	7. Course	8. Number	9. Section	10. Instructor Signature

11. Student Signature: _____
12. Department Chair (course, not major) Signature: _____
13. *If applicable - Director International Office Signature: _____
14. Records Office Verification (Wimberly Bldg. - Room 102): _____

Please check: International Student: _____ Domestic Student: _____

Instructions:

Step 1 – Student must complete Numbers 1-4 and 11.

Step 2 – Instructor must complete - Numbers 5-10.

Step 3 – Department Chair (course, not major) completes – Number 12

Step 4 –