



## Student Petition to Reinstate Class Schedule

This fillable PDF is used for students seeking reinstatement in courses dropped due to **non-attendance**. **Students** should download, save, and work with the instructor(s) of record for courses dropped due to non-attendance. One form should be completed per course/instructor unless it is for a lecture and the corresponding lab.

**Faculty** members should submit completed and signed forms to [studentrecords@jsums.edu](mailto:studentrecords@jsums.edu) for processing.

**Incomplete forms will be sent back to faculty for review and correction.**

### Student Information: (To be completed by the student)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

J# \_\_\_\_\_ JSU Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I request reinstatement in:

Course \_\_\_\_\_ CRN \_\_\_\_\_ Instructor Sign & Date \_\_\_\_\_

Course \_\_\_\_\_ CRN \_\_\_\_\_ Instructor Sign & Date \_\_\_\_\_

Note: CRNs can be found on the P.A.W.S. Course Schedule:

[https://ssb-prod.ec.jsums.edu/PROD/bwckschd.p\\_disp\\_dyn\\_sched](https://ssb-prod.ec.jsums.edu/PROD/bwckschd.p_disp_dyn_sched)

### Reason For Purge: (To be completed by Faculty Member)

Academic Term: \_\_\_\_\_

☐ Student was not attending

☐ Illness

☐ Student was attending, but not actively participating

☐ Technology difficulties

☐ Student was enrolled in course late

☐ Personal Issues

☐ Housing

☐ Instructor error

Other: \_\_\_\_\_

As part of the non-attendance reinstatement request, has the faculty member counseled the student about the importance of attendance and the impact of absences on learning and the final course grade? YES \_\_\_\_\_ NO \_\_\_\_\_

Note: For reinstated students, faculty members should continue to monitor attendance. Non-attendance should be reported in EAB Navigate. If the student discontinues attendance, the last date of attendance should be recorded with submission of the mid-term grade and/or the final grade.

☐ Do NOT reinstate (Faculty Member should check here if the student's request is not approved.)

Instructor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Revised on 11/8/2022

### FOR REGISTRAR OFFICE USE ONLY

☐ Request Processed

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_