



CERRITOS COLLEGE INSTRUCTOR REINSTATEMENT FORM

SECTION I: STUDENT INFORMATION

Semester: Fall Spring Summer Year: _____

Name: _____ Student ID Number: _____
 First Middle Last

Course Name: _____ Class Number: _____

By completing and signing this form, I declare that I want to be placed back into my originally enrolled course(s). I understand that, by signing this form, I am responsible for payment of all tuition and charges associated with the course(s) to which I am reinstated. I agree to pay all charges at the time that this form is processed. Those charges include, but are not limited to, tuition, fees, and any additional fees incurred as a result of this reinstatement. I also understand that I will not be automatically dropped for lack of payment from these course(s) once reinstated and I cannot file an appeal at a later date for these charges.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

SECTION II: STUDENT EXPLANATION

The Instructor Reinstatement form is to be processed to the regulations outlined in Title 5 CCR § 58106. Students should refer to the appropriate academic calendar for important registration dates. Students are expected to enroll in full-term classes by the date listed on the academic calendar in the current schedule of classes and on www.cerritos.edu.

- The Instructor Reinstatement form is applicable to students who have been dropped after the start of term and wish to re-enroll into the same class section.
- The Instructor Reinstatement form is:
 - Valid for:
 - Instructor Drops after start of term
 - Not Valid for:
 - Drops for Lack of Payment
 - Student Initiated drops
 - Initial Enrollment
- Any fees that result from processing this form are due and payable at the time of reinstatement.
- It is solely the responsibility of the student to obtain all required signatures and submit to the Office of Admissions & Records for processing.
- The Instructor Reinstatement Form will NOT be accepted during the final week of the session/term.

Cerritos College Office Use Only

Staff Initials: _____ Date Form Processed: _____