

DVC

Admissions and Records Office  
STUDENT REINSTATE FORM

STUDENT

STUDENT

Student Name:

Student ID#:

Course Name: (ex: Engl 122)

Section#

Term:

Instructor Signature:

Instructor Name Please Print:

Student Signature:

Date

Reason for initial drop:

FOR ADMISSIONS USE ONLY

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

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