Your signature indicates attendance of the student listed below in your class. Your signature will serve as justification for reinstatement. The student listed below is responsible for bringing this signed form to the Office of Admissions, Records and Registration.

Student Name (Printed): ______________________________________________________
Student ID Number: __________________________________________________________

Course Prefix, I.D. and Section: ______________________________________________
Course Name: ________________________________________________________________
Term: ______________
Has the student been attending? Yes: ☐ No: ☐

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature of Faculty Member: ____________________________
Date: ______________

Student Signature: ____________________________________________
Date: ______________

This form MUST be returned to the Office of Admissions, Records and Registration for reinstatement to occur.