



Compton College
Admissions and Records
REINSTATEMENT FORM

Term: _____ Year: _____

Student's Last Name First Name Student ID

Course Name CRN

Instructor's Name

I agree to allow the above named student to be enrolled/reinstated into the above named class.

Instructor's Signature Date

Notice to Student: Only the instructor may turn in a reinstatement form to the Admissions and Records Office.

12/2018 A&R:aa



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