

Student ID No:	Major:
Last Name:	First Name:
VT Email:	Cell Number:
Academic Level: FR SO JR SR	

Term (circle one): Fall Spring Summer I Summer II Wintermester
Year:

I request that the following schedule be reinstated. Attached is a letter from the University Bursar confirming that I have met my financial obligations.

Web access to courses will update within 24 hours of reinstatement.

Course(s) Requested to Have Added to Schedule:						
Department	Course Number	CRN	Credit Hours	A/F	P/F	Instructor's Signature

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Office Use Only: Deliver to 202 Cowgill Hall
Date Received: _____ Date Processed: _____ Processed by: _____