



**KASKASKIA COLLEGE
REQUEST FOR REINSTATEMENT**

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Name (Print) _____ KC ID. _____
Last First MI

Today's Date _____ 20____

| COURSE PREFIX | COURSE NO. | SECTION | CREDIT HRS. |
|---------------|------------|---------|-------------|
| | | | |

Student Signature _____ Semester --- ☐ Fall ☐ Spring ☐ Summer

Instructor Approval _____ Date _____
(Signature)

Recorded by Admissions and Records _____ Date _____
(Initials)

Registrar _____
(Initials) (Date)

*Copies White – Student File
Yellow – Financial Aid
Pink – Instructor*



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