

 **OCC FALL 2021**
COURSE REINSTATEMENT FORM

Student Name _____ **I. D. #** _____

Please Reinstatement _____
Course Title (i.e. MATH A100) _____ **CRN** _____

Instructor Name _____ **Instructor Signature** / **Date** _____

Student Responsibility

I understand that I am responsible for any and all fees incurred during this reinstatement process. _____
(Initials)

If I choose not to attend the course after my reinstatement, I agree to assume the responsibility for the grade received. I will be responsible for the grade received. _____
(Initials)

Student Signature _____

NO-SHOW DROPS CANNOT USE THIS REINSTATEMENT FORM

Submit this form from your CCCD e-mail address to OCCfacultyservices@ccd.edu within a week from the drop date.