DROP REINSTATEMENT REQUEST FORM

This form must be filled out by the student and it is the student’s responsibility to get approval and signature from their instructor. Once form is received by the CEF office with instructor approval, this form will be forwarded to the governing council for review. The governing council will make the final decision regarding reinstatement. If approved by the council, student will be reinstated into the course.

This form must be returned to Construction Education Foundation, Inc. at 1401-A W. Royal Lane, PO Box 612107, DFW Airport, Texas 75261-2107.

This portion to be completed by student:

(Please print)

Student Name: ____________________________ Student Phone Number:_______________________
Course & Level: _____________________________ Instructor Name: ____________________________

Note: A separate sheet of paper may be used if more space is needed for the following sections:
Reason for excessive absences:
_____________________________________________________________________________
_____________________________________________________________________________

Special arrangements made with Instructor:
____________________________________________________________________________________
____________________________________________________________________________________

Any other comments:
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature: _________________________________ Date:______________________

This portion to be completed by instructor:

(Please print)

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Instructor Signature: _________________________________ Date:______________________

This portion to be completed by governing council:

(Please print)
Reinstatement/arrangements approved:  □ Yes  □ No
Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Council Chair Signature: _________________________________ Date:______________________