



# Course Re-instatement Form

Tarleton State University  
Office of the Registrar

**IMPORTANT: THIS FORM WILL NOT BE ACCEPTED AFTER THE CENSUS DATE**

--	--	--

Student Name

UID Number

Term/Year

Telephone

**IMPORTANT: CONFIRMATION OF THIS REQUEST WILL BE SENT TO YOUR GO.TARLETON EMAIL ACCOUNT**

Please allow the above student to re-enroll in the following courses (please include labs):

CRN	Subject	Course Number	Section	Instructor Approval
81492	COMS	101	010	EXAMPLE

- Please complete **ALL** fields before returning this form. The Registrar’s Office will not process this request without all of the appropriate signatures.
- Registration changes will not be made after the 12<sup>th</sup> (Fall/Spring); 7<sup>th</sup> (Summer 10-week); or 4<sup>th</sup> (Summer 5-week) class day. Class days are determined by calendar days, NOT number of class meetings.
- This form must be returned in person to the Registrar’s Office unless an alternate method has been authorized.

### Student Acknowledgement:

**I have read and understand the above information and agree to pay my balance immediately upon re-registration. I also understand that not paying immediately could result in being dropped from my classes once again.**

X \_\_\_\_\_

Date \_\_\_\_\_

**Return to:**  
Mekka Steinruck  
Registration and Records Coordinator  
Office of the Registrar  
Administration Bldg., Room 135  
(254) 968-2419

<b>Registrar’s Office use only</b>	<b>Date Stamp</b>
<b>Processed by:</b> _____	
<b>Date:</b> _____	