



# URGENT

|                             |
|-----------------------------|
| <u>OFFICE USE ONLY</u>      |
| Date Received: _____        |
| Assigned To: _____          |
| Date Discussed: _____       |
| Date Response Mailed: _____ |

## Drop Reinstatement Request Form

This form is to be used by students who are requesting to be reinstated into a CEF class after being dropped for excessive absences (see attendance policy in Student Handbook or current CEF Training Catalog); or students who have made special arrangements with an instructor.

*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 class' 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 class with immediate effect.*

This form must then be returned to Amanda Pennington with Construction Education Foundation at 1402 W. Royal Lane, PO Box 612107, DFW Airport, Texas 75261. The form may be mailed, faxed or brought to the CEF office.

### This portion to be completed by student:

(Please print)

Student Name: \_\_\_\_\_ Student Phone Number (daytime): \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

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: \_\_\_\_\_