TEXAS A&M UNIVERSITY-COMMERCE
REINSTATEMENT FORM

Semester: __________

Student’s Name____________________________________________
last
first

CWID # ____________________________

Address__________________________________________________________
RR / P.O. Box / Street
City
State

Date __________________

Phone# ____________________________ E-mail ____________________________
area code
number

Reinstatement:
* is subject to class availability
* requires a $200.00 reinstatement fee
* requires instructors’ signature
* requires academic dean’s signature (College Dean of your academic major)
* requires both reinstatement fee and 100% of tuition and fees paid at time of reinstatement.
* COMPLETE ALL INFORMATION & RETURN TO THE REGISTRAR’S OFFICE.

<table>
<thead>
<tr>
<th>COURSE CALL NUMBER-CRN</th>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>SECTION NUMBER</th>
<th>INSTRUCTOR’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 23345</td>
<td>ENG</td>
<td>101</td>
<td>001</td>
<td>John Smith</td>
</tr>
</tbody>
</table>

Example:

Student’s Signature________________________________________________________

Dean’s Signature________________________________________________________
(Major Field of Study Dean)

*Please allow up to 24 hrs for processing. Confirmation of processing can be verified through your MyLeo.

For Office Only:

Date Received__________________________ Census Date__________________________

Date Finalized__________________________ spe/effective date__________________________

Date Payment Received__________________ Amount $ ____________________________ Receipt # ____________________________

Required Documents Received: Instructor signatures? ___Yes ___No Dean’s Signature? ___Yes ___No

Class Permit Given to Student? ___Yes ___No