

**Southeast Missouri State
Office of Dual Credit
Request for Reinstatement**



Students wishing to be reinstated in a Dual Credit course must have this form completed by their principal or designee. Students will not be reinstated until this form is completed in full and received by the Dual Credit Office. The official reinstatement date will be the date the form is received by the Dual Credit Office.

By signing this form parents and guardians are aware of all University fees associated with the courses.

Student's Name: _____

Southeast ID Number (key): _____

High School: _____

Course(s) to be reinstated (course name, course number, and section number):

Course Name	Course Number	Course Section
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Course Name	Course Number	Course Section
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PRINCIPAL OR DESIGNEE SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

By signing this form parents and guardians are aware of all University fees associated with the courses.

Southeast Missouri State University
Office of Dual Credit
One University Plaza, MS6875
Cape Girardeau, MO 63701

Phone: (573) 986-6179
Fax: (573) 651-2612

Date received by Dual Credit Office: _____