



Credit Course Reinstatement Form

Date:

CFK Student ID:

To:

I am writing regarding your reinstatement in my class.

This form serves as notification that I have requested reinstatement for:

Term:

Year:

CRN:

Prefix & Course Number:

Reason for reinstatement:

Voided for Non-payment

Withdrawn for Non-Participation

If you need any additional information, please feel free to contact me.

Sincerely,

The College of the Florida Keys

Copy: 1. The student at their CFK email address.

2. financialaid@cfk.edu

3. admissions@cfk.edu

ENROLLMENT SERVICES USE ONLY:

-If reinstatement is for being withdrawn for non-participation, when reinstated copy Financial Aid on the email.

-If reinstatement is for being voided for non-payment, obtain permission from the Business Office. (Ex.: Initials on form)