



Bethune-Cookman University

Administrative Withdrawal Reinstatement Request Form

For Students Administratively Withdrawn

Student's Name: _____ Semester/Year: _____

BCU ID# _____ Withdrawal Date: _____

Complete this section for Reinstatement within 5 calendar days of administrative withdrawal.

Reinstate Y/N	Course Number	Section Number	Credits	Professor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Registrar's Office Use Only:

Date Received: _____ Date Processed: _____

Processed by: _____ (Signature)