



Withdrawal Reinstatement Form

Name:

Student ID Number:

Phone Number:

Semester: Fall Spring Summer Year:

Courses to be Reinstated:

Course Ex: MTH 105	Section Number Ex: 22334455	Last Date of Attendance Ex: 02/25/2021

Student Signature: _____
(only needed if not emailing from CMU e-mail account)

I acknowledge that by emailing this form from my CMU e-mail account it will serve as my signature and give authorization to verify this information is correct.

Date:

Return Completed form to: records@cmich.edu
Registrar's Office, Warriner Hall 212
Ph: (989) 774-3261

Office Use Only: Effective Date: