**PETITION FOR REINSTATEMENT TO CLASS FORM**

1. Student Name: ________________________________
2. LU Student ID: ________________________________
3. Date: _____________________________________________________________________
4. Major: ____________________________________________________________________
5. Term: _____________________________________________________________________

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11. Student Signature: _____________________________________________________________________
12. Department Chair (course, not major) Signature: _____________________________________________________________________
13. *If applicable - Director International Office Signature: _____________________________________________________________________
14. Records Office Verification (Wimberly Bldg. - Room 102): _____________________________________________________________________

Please check: International Student: ______ Domestic Student: ______

**Instructions:**

Step 1 – Student must complete Numbers 1-4 and 11.
Step 2 – Instructor must complete - Numbers 5-10.
Step 3 – Department Chair (course, not major) completes – Number 12
Step 4 – *If you are an International Student, you must also obtain the signature from the Director of the International Office for Approval - Number 13.
Step 5 – Submit to Record’s Office for verification - Number 14.

*With a few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.*