

REQUEST FOR REINSTATEMENT
College Discovery Program
Bronx Community College

Personal Data

Student's Name: _____ Counselor: _____
Last 4 digits of SS#: _____ Enrollment Date: _____
Street Address: _____ APT#: _____
City, State, Zip Code: _____
Phone: Home _____ Work: _____ Cell: _____
Last Semester Attended: _____ Expected date of graduation: _____
Major: _____ New/Change of major? Y/N _____

Student Request

I am requesting reinstatement into the College Discovery Program for the **fall / spring of 20** _____ semester (circle one). Clearly state the reason(s) for leaving the College Discovery Program and the reason for requesting this reinstatement.

Please use reverse side of this sheet, if you need additional space for your response.

Student's Signature: _____ Date: _____

Academic Status

ESL: Y N # of ESL sems: _____ R-ACT: _____ CATW: _____ COMPASS: _____
X-GPA: _____ X-Crs: _____ Status: _____ # of CD semester used: _____ / _____
F-TIME P-TIME
ICAS Candidate: Y N Academic Support Services Required: Y N

Faculty Recommendation

Approved: Disapproved: Full-time: Part-time:

Check all that apply. Provide explanation in comments section.

Comments: _____

Counselor's Signature: _____ Date: _____

Director's Decision

Approved: _____ Denied: _____

Comments: _____

Director's Signature: _____ Date: _____