

ENROLLMENT RESOLUTION FORM

Semester/Term: _____ Year: _____ Student ID: _____

Student Last Name: _____ First Name: _____

Student LACCD email account: _____

ENROLLMENT - Reason: Unable to enroll w/permission number
(Student is attending prior to Census)
 Other (explain) _____

REINSTATEMENT - Reason: Instructor Exclusion
 Student Dropped

Attach email from student requesting reinstatement
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 Other (explain) _____

COURSE NAME & NUMBER: _____ CLASS NUMBER: _____
(Formerly Section Number)

INSTRUCTOR FULL NAME: _____

DIRECTIONS FOR INSTRUCTORS

1. The Reinstatement Form must be emailed by the Instructor from his/her issued LACCD email account to PIERCEADMISSIONS@PIERCECOLLEGE.EDU.
2. Admissions and Records will process this request within three business days after the card is received.
3. If unprocessed, a new request (new email and new card) should be submitted.
4. **When the instructor submits the request, please do not copy the student on it.** Admissions will respond to the instructor and student when the transaction is processed. This card is for office use only.

FOR ADMISSIONS AND RECORDS OFFICE USE

PROCESSED By : _____ Date: _____

UNPROCESSED - RETURNED TO INSTRUCTOR (Submit a new request and a new card)
Reason: _____