J. SARGEANT REYNOLDS COMMUNITY COLLEGE

ACADEMIC REINSTATEMENT APPEAL

Central Admissions & Records
P.O. Box 85622
Richmond, VA 23285
Voice Number: 804-523-5029 Fax: 804-371-3650

PLEASE PRINT CLEARLY

Student's SSN: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **EmplID:** _____

_____ _____ ___ ____ _____
Last Name **First Name** **MI** **Jr.,3rd** **Former Last Name**

_____
Street Address **City** **State** **Zip**

Daytime Phone#: _____ **Evening Phone#:** _____

Please reinstate me for : Fall _____ Spring _____ Summer _____ 20 _____

Have you appealed to this committee before? ❑ Yes ❑ No

Brief explanation of circumstances leading to your ineligibility and why you believe you can succeed if your appeal is granted. Documentation should be attached to support the circumstances described below.

SIGNATURE OF STUDENT: _____ **DATE:** _____