

l,	, JALC ID#	reque	est to be re-enrolled in
Student Name			
	_ after being administra	tively withdrawn	
Course/Section	_ arter being administra	cively withdrawi	
localification			
Justification:			
E-mail address			
		_	
Student Signat	cure		Date
Adminis	strative use only. do not	write below thi	s line
	,,,		
Student may re-enroll in the al	oove requested course:	Approve	Deny
		-	
Instructor Sign	ature		Date

Please return form to the Office of Admissions and Records, room C201.