

**Southeast Missouri State  
Office of Dual Credit  
Request for Reinstatement**



Students wishing to be reinstated in a Dual Credit course must have this form completed by their principal or designee. Students will not be reinstated until this form is completed in full and received by the Dual Credit Office. The official reinstatement date will be the date the form is received by the Dual Credit Office.

***By signing this form parents and guardians are aware of all University fees associated with the courses.***

Student's Name: \_\_\_\_\_

Southeast ID Number (key): \_\_\_\_\_

High School: \_\_\_\_\_

Course(s) to be reinstated (course name, course number, and section number):

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Section

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Section

\_\_\_\_\_  
**PRINCIPAL OR DESIGNEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

***By signing this form parents and guardians are aware of all University fees associated with the courses.***

Southeast Missouri State University  
Office of Dual Credit  
One University Plaza, MS6875  
Cape Girardeau, MO 63701

Phone: (573) 986-6179  
Fax: (573) 651-2612

Date received by Dual Credit Office: \_\_\_\_\_