



Central Ohio Technical College

The Gateway – Student Records

1179 University Drive, Newark, OH 43055

Phone: 740-364-9594 ■ Fax: 740-366-9160

cotcrecords@cotc.edu

Request for Reinstatement

Submit this form to The Gateway at least (4) four weeks prior to the start of the semester in which you would like to return.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Student ID
_____			_____
Address			Primary Phone
_____	_____	_____	_____
City	State	Zip	Date of Birth

I am requesting reinstatement to COTC in the _____ program on a
 full-time part-time basis for _____ semester.

Please answer the following questions (attach an additional page if necessary):

- 1) What do you feel were the factors contributing to your previous lack of achievement?

- 2) Specifically, what have you done to remedy the conditions/factors that lead to your lack of achievement?

- 3) Why do you wish to be reinstated?

- 4) Please indicate below specific evidence of your activities since your dismissal you feel would contribute to improvement in your academic performance.
 - a. Personal _____
 - b. Employment _____
 - c. Education (formal/informal) _____
- 5) Have you ever been convicted of a Felony, or is a Felony charge currently pending against you? Yes No
**If you wish to submit any additional information you feel is pertinent, please attach to this request.*

By signing you hereby give the Academic Board, or their representative, permission to seek and receive evidence of accomplishments you stated here from your employer or educational institution as it affects your reinstatement.

_____	_____
Student Signature	Date

Gateway Use Only: CRI Code RGCRINST added with status "Not Reviewed"
 Processed by: _____ Date: _____