



MADISON COLLEGE

School of Health Education

Program Reinstatement Request Form

INSTRUCTIONS - Students may submit this form along with a paper program application to request reinstatement into the School of Health Education program from which they are currently suspended.

STUDENT INFORMATION

Name: First _____ Middle Initial ____ Last _____ Student ID _____

Mailing Address: Street _____ Apartment _____

City _____ State _____ Zip Code _____

PROGRAM REINSTATEMENT INFORMATION

Program of Study _____ Program Location _____

Admit Term (e.g. Fall 2013) _____ Catalog Requirement Term (if different than admit term) _____

Reason for program reinstatement request:

STUDENT SIGNATURE & AGREEMENT

By signing, I acknowledge that I have met the requirements to be reinstated into my program of study.

Student Signature _____ Date _____

STUDENT - Submit completed form in-person to a School of Health representative along with the completed paper program application and processing fee of \$10.00 (check or money order payable to Madison College). Requests are reviewed in order they are received.

SCHOOL OF HEALTH ADMINISTRATOR OR DESIGNEE SIGNATURE & APPROVAL

By signing, I certify that I have consulted with the above named student and approve his/her request to be reinstated into the above named program of study.

Administrator or Designee Name _____

Administrator or Designee Signature _____ Date _____

SUBMISSION INSTRUCTIONS - School of Health Administrator or Designee

Please submit signed, completed form along with student's application and payment to the School of Health.