

College of Southern Nevada
Reinstatement Request Form for Non-Participation in Week 1

Student Name: _____

NSHE ID#: _____

Term: _____

Course Information

- **Course Name:** _____
- **Course Section:** _____
- **Course ID (5-digit number):** _____

Student Commitment Statement

I, _____ (Student Name), acknowledge my failure to participate in the first week of class but am seeking reinstatement in the course. I commit to meeting all course requirements moving forward and understand that any further lack of participation may result in academic and financial consequences, including but not limited to receiving a failing grade and/or the recalculation of financial aid awards.

Student's Signature: _____ **Date:** _____

Instructor Review and Approval

Instructor's Name (Printed): _____

Instructor's Signature: _____ **Date:** _____

Chair Review and Approval

Chair Name (Printed): _____

Chair Signature: _____ **Date:** _____

Submission Instructions:

The Chair's office must submit the completed form to the **Office of the Registrar – Participation** (participation@csn.edu) no later than **END OF 3rd WEEK** OF INSTRUCTION FOR THE COURSE.