



Office of the Registrar

Reinstatement In Class Form

Borough of Manhattan Community College 199 Chambers Street, S315
The City University of New York New York, NY 10007-1097
www.bmcc.cuny.edu tel. 212 220-1290
fax. 212 220-1254

If your registration has been cancelled due to non-payment and you are attending the class regularly, you may fill out this form and have it signed by the Instructor and Chair/Deputy Chair, if needed to be reinstated in the class.

Date: _____

Last Name

First Name

8-digit CUNYfirst ID/Last 4 digits Social Security Number: _____

This is to certify that above mentioned student has been attending my class regularly.

Course/Section	Faculty Name	Faculty Signature	Department Approval*	Date

***THE FOLLOWING DEPARTMENTS ALSO REQUIRE DEPARTMENT CHAIR/DEPUTY CHAIR'S APPROVAL:**
ACCOUNTING, DEVELOPMENTAL SKILLS, ETHNIC STUDIES, HEALTH EDUCATION, MODERN LANGUAGES,
MUSIC AND ART, SCIENCE, SOCIAL SCIENCE, AND TEACHER EDUCATION.

NOTE: THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE (S-315) BY THE END OF 3RD WEEK OF CLASSES.