

REQUEST FOR REINSTATEMENT

For:

Print Student First and Last Name

Date _____

I would like to be considered for reinstatement in the Internet Academy program.

- I understand that if I am reinstated I will be expected to start working immediately.
- I understand that a full-time student should be working at least 25 hours a week on their schoolwork.
- I understand that I am expected to turn in at least one assignment each week to each of my classes to stay in good standing.
- I understand that while turning in one assignment per week meets the minimum requirement, it is not enough to actually complete the class during a traditional semester's worth of time.
- I understand it will be necessary to turn in more than one assignment per week to successfully complete my courses by June 11, 2009.
- I understand that I am expected to ask questions of my teachers using the Course Mail tool when I am confused.
- Lastly, I understand that if I do not follow those things listed in this contract it may lead to my withdrawal from Internet Academy.

Student Signature: _____

Parent Signature: _____

Send this signed form to our office by mail, by hand (check our open office hours during the winter break), or by FAX.

Internet Academy
32020 1st Ave S #109
Federal Way, WA 98003
Fax 253-945-2233