

REQUEST FOR REINSTATEMENT

For: _____
Print Student First and Last Name

Date _____

I would like to be considered for reinstatement at Internet Academy:

- 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. More time will be needed to make up for lost time prior to your withdrawal.
- 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 the end of the semester.
- I understand that I am expected to ask questions of my teachers using the Course Mail tool when I am confused or need assistance.
- 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
31455 28th Ave South
Federal Way, WA 98003