

Request for Reinstatement

Print Student First and Last Name

Date

I have been withdrawn from one or more classes at Internet Academy and am requesting consideration for reinstatement in the following course(s).

Please list your course(s) here:

- 1.
- 2.
- 3.
- 4.

I have read, understand, and agree to the following conditions as part of my commitment to become a student in good standing with IA:

- I understand that if I am reinstated I will be expected to start working immediately and consistently to catch up, most likely putting in more than a regular school day's time.
- I understand that each course is designed to take 1 hour+ a day and that I will need to schedule more time in order to catch up.
- I agree to make my school schedule a priority.
- I agree to submit the minimum requirements to avoid earning an Unsatisfactory Progress report. One assignment per course per week is the minimum required.
- I understand that meeting the minimum requirements will not be enough to successfully complete the course by the end of the semester.
- I am determined to match assignment completion with the course Checklist.
- I understand it is my responsibility to contact my teacher when I have questions.
- I understand that if I do not uphold my responsibility for course completion outlined in this contract, it may lead to my withdrawal from IA.

Student Signature

Parent Signature

Send this signed form to our office my mail, by hand during the school day, or by FAX to:

Internet Academy
31455 28th Ave South
Federal Way, WA 98003

FAX: 253-945-2233