



Request for Reinstatement of Registration

Students are liable for all fees for courses in which they are enrolled at the end of the drop/add period. A student's course schedule shall be canceled when tuition has not been paid in full or when arrangements for payment have not been made through the Office of Financial Aid or the Cashier's Office by the last day to pay fees. A student whose course schedule has been canceled for non-payment may apply for reinstatement of the course schedule to the Registrar (***during the first 30 days after cancellation***). Reinstatement is based on the payment of all fees, including the late registration and late payment fees, which are automatically assessed at the time of reinstatement.

A request for reinstatement must be presented in writing to the Registrar's Office no later than the fourth week of classes. The request must include a detailed, personal explanation and all supporting documentation must be attached. Reinstatement will be for all classes enrolled in at the time of cancellation.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

University Identification Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Term/Year

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Last Name

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Middle

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Permanent Mailing Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
City

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
State

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Zip

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Daytime Phone Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Email Address

Have you requested Reinstatement in the past? Yes No If Yes, Term/Year _____

Check the condition that applies to this request:

University error as confirmed in writing by a University official or by an appropriate official University document.

Illness. Documentation attached.

Unavoidably out of town during the week prior to/week of the last day to pay fees. Documentation attached.

Other exceptional circumstances beyond the control of the student. Documentation attached.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Student Signature

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date

After completing this form:

Take this form to the Cashier's Office, pay fees (a \$100 late registration and \$100 late payment fee will be assessed), and then back to the Registrar's Office to complete reinstatement process.

Reinstatement Appeals Committee decision: Approved Not Approved Date: _____

Approval Signature _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date Paid

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Amount Paid

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Cashier

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Reinstated by

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date