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 5 p.m. on 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 Office of the Registrar (***during the first 30 days after cancellation***). Reinstatement is based on the payment of all fees, including the $100 late registration and $100 late payment fees, which are automatically assessed at the time of reinstatement. Reinstatement will be for all classes enrolled in at time of cancelation.

__ __ __ __ __ __ __ __ __ __ _____

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(s)/Year(s)_____

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.

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

Explanation (additional sheets may be attached):_____

After completing this form, please have it initialed by the Registrar's Staff before taking it to the Cashier's Office to pay tuition and fees. Following payment, please return with the form to the Office of the Registrar counter for final processing. Note: It may take 24 hours for your Angel access to be reinstated.

_____ _____

Student Signature **Date**

For Authorized Use Only

Reinstatement Appeals Committee decision: ☐ Approved ☐ Not Approved Date: _____

OR/Committee Signature/Comment_____ FASO Approval (if appropriate) _____

_____	_____	_____	_____	_____	_____
Late Fees Added	Amount Paid	Date Paid	Cashier	Reinstated by	Date

Note: Original form to be filed in Office of the Registrar. *Revised 02/04/2010*