



REQUEST FOR REINSTATEMENT

There will be a \$100 fee charged for reinstatement of one or more classes.

Student's Name: _____ SSN/Student ID: _____

College: _____ Major: _____

Classification: FR SO JR SR GR

Semester: _____ Year: _____

Permission is requested to allow the named student to be reinstated for the indicated semester. It is understood that by allowing the student to be reinstated that **the student will pay for his/her tuition and fees immediately** after the reinstatement has been processed.

Course	Section	CRN #	Comments

Reason for request: _____

Acknowledgement: I understand that immediately after being reinstated I am required to pay for my tuition and fees in full. Failure to do so will result in being dropped again without the possibility of further reinstatement in the current semester.

Student's Signature

Date

Registrar Use Only:

Processed By

Date