

REINSTATEMENT REQUEST FOR: YEAR \_\_\_\_\_ \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer I \_\_\_ Summer II

Printed Name: \_\_\_\_\_ ID: \_\_\_\_\_

Is eligible for \$\_\_\_\_\_ in Financial Aid which will cover up to \_\_\_\_\_ hours.  
 Enrolling in fewer hours may affect the amount of financial aid for which student is eligible.

Signature of Financial Aid Official \_\_\_\_\_ Date \_\_\_\_\_

I am requesting reinstatement into the class(es) below:

Estimate of Expenses
Tuition: _____
Fees: _____
Housing/meal plan: _____
Other: _____
Total: _____

Class #	Subject/Catalog #	Title	Last Date of Attendance (Instructor must provide)	Instructor Signature
Example: 1234	ENGL 1013	Comp I	09/26/2016	REQUIRED

If applicable, I am requesting the Office of the Cashier to verify that I am in the process of setting up a payment plan to cover the tuition, fees, and other charges to be incurred.

Signature of Cashier Official \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I understand that I will be responsible for all tuition, fees, and other charges generated by reinstatement into classes for this term or session:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Processed in Office of Registrar by \_\_\_\_\_ Date \_\_\_\_\_