APPEAL FOR REINSTATEMENT
AFTER REMOVAL FOR
NONPAYMENT

Only accepted within seven (7) days after courses have been dropped due to non-payment.
NOTE: If appeal is approved, you will be charged a $200 reinstatement fee.

UWF ID
Number: ____________________________
Name: ____________________________

UWF Email: ____________________________
Phone Number: ____________________________

Important Note:
By signing this form you are agreeing to the terms of this appeal. If your appeal is approved:
• You will be charged a $200 reinstatement fee.
• You must be able to make immediate payment.
• You will be reinstated back into ALL of your courses in the given term(s).

Student Signature: ____________________________ Date ____________________________

Semester: _____ Fall _____ Spring _____ Summer Year: _______ Part of Term: _______

If you are receiving either VA benefits or financial aid (of any kind), a signature from the corresponding office is REQUIRED:
NOTE: All Adjustments (especially course/credit additions) must be done by the end of the drop/add period in order to be utilized in your overall credit count towards your financial aid. *Indicates a signature is required in order for the request to be considered complete.

Check any/all that apply:
☐ I am NOT receiving any type of financial aid.
 ☐ * I am receiving VA benefits and have discussed the actions listed with the Military & Veteran Resource Center.*
 ☐ *I am receiving financial aid and have discussed the effect of the actions listed with the Office of Financial Aid & Scholarships.*

Financial Aid Signature: ____________________________ Date: ____________________________
VA Benefits Signature: ____________________________ Date: ____________________________

Reason for Request: Requests are considered only in cases of extenuating circumstances beyond the student's control. Attach appropriate documentation and additional pages as necessary. I request permission for reinstatement into my courses for the following reason(s):

REGISTRAR OFFICE USE ONLY

Term Code: ____________________________ Completed By: ____________________________ Date: ____________________________

Processed: ☐ YES ☐ NO Notification completed: ☐ Controller/Student Accounts ☐ Financial Aid ☐ Student

Comments: ____________________________

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