REQUEST FOR INITIAL REINSTATEMENT AFTER REMOVAL FOR NONPAYMENT

If this is a first request for reinstatement please fill out the Request for Initial Reinstatement Form. 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).
• Only accepted within seven (7) days after courses have been dropped due to non-payment.

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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