

Received by: _____
Date: _____

Enrollment Services
Update 07/08

University of North Florida Registration Reinstatement

INSTRUCTIONS: Complete the information requested below and return this form to the One Stop Service Center located in building 2.

Student Number: N _____ Student Name: _____
(Please Print)

Daytime Phone Number: _____ Student E-mail: _____

I understand that my registration has been cancelled due to non-payment of fees pursuant to university regulation. I would like to have my registration reinstated for the _____ term. I understand that in addition to the fees I owe, I
Semester Year
will be assessed a \$100.00 reinstatement fee and a \$100.00 late payment fee.

I understand that if any class is filled to room capacity I cannot be reinstated into that class. This will be determined by Enrollment Services staff at the time the form is presented.

If any class is closed, I understand I must request and obtain an override from the respective Department to be reinstated. The Department is not required to grant my request.

Student Signature

Date

White copy: Enrollment Services Yellow Copy: Student