



REQUEST FOR REINSTATEMENT AFTER DROP FOR NON-PAYMENT

Office of the University Registrar

There will be a \$100 per semester credit hour charged in addition to your tuition and fees.

Semester: _____ Year: _____

(Please Print)

Banner ID	Last Name	First Name	MI	Date of Birth
Mailing Address		City, State, Zip	Contact Number	
Email			Student Level	
			<input type="checkbox"/> Concurrent <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

Reason for non-payment: _____

Courses to be REINSTATED in					
CRN (5-digit)	Crse Prefix (Ex: ENGL)	Crse No. (Ex: 1301)	Crse Sec (Ex: 101)	Cr	Comments

Total hours for reinstatement: _____ X \$100 reinstatement fee = _____ (in addition to tuition & fees)

Acknowledgement: I understand that immediately after being reinstated, I am required to pay for my tuition and fees in full or make arrangements with the Business Office (ZSC 137). Failure to pay within 3 business days will result in being dropped again without the possibility of further reinstatement in the current semester.

Student's Signature: _____ Date: _____

<i>For Registrar's Office Use Only</i>			
Received by: _____	Date: _____	Processed by: _____	Date: _____

Ph.: (956) 326-2250 • Fax: (956) 326-2249

White - University Registrar • Yellow - Student