Request for Reinstatement of Registration

Students are liable for all fees for courses in which they are enrolled at the end of the drop/add period. A student's course schedule shall be cancelled when tuition has not been paid in full or when arrangements for payment have not been made through the Office of Financial Aid or the Cashier's Office by 5 p.m. on the last day to pay fees. A student whose course schedule has been cancelled for non-payment may apply for reinstatement of the course schedule to the Office of Records & Registration (***during the first 30 days after cancellation***). Reinstatement is based on the payment of all fees, including the $100 late registration and $100 late payment fees, which are automatically assessed at the time of reinstatement. Reinstatement will be for all classes enrolled at time of cancellation.

University Identification Number _____ Term/Year _____

Last Name _____ First _____ Middle _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Email Address _____

Are you expecting Financial Aid this term? ◯ **Yes** ◯ **No**

Check the condition that applies to this request:

☐ University error as confirmed in writing by a University official or by an appropriate official University document.

☐ Illness. Documentation attached.

☐ Other exceptional circumstances beyond the control of the student. Documentation attached.

Explanation (additional sheets may be attached): _____

_____

_____

_____

_____

After completing this form, please forward to Records & Registration (orr@fgcu.edu). Please take the form to the Cashier's Office to pay tuition and late fees or to your Financial Aid Officer for consultation. If paying in person, please return the form to the Records & Registration Office for final processing. Note: It may take 24 hours for your Canvas access to be reinstated.

Student Signature **Date**

For Authorized Use Only

Reinstatement decision: ◯ Approved ◯ Not Approved Date: _____

OR/Committee Signature/Comment _____ **FASO** Approval (if appropriate) _____

Late Fees Added	Amount Paid	Date Paid	**Cashier**	Reinstated by	Date
_____	_____	_____	_____	_____	_____

Revised 05/11/2020