



REQUEST FOR REGISTRATION REINSTATEMENT

This form is to be used when a student has been dropped for non-payment and wishes to have his/her registration reinstated.

NAME OF STUDENT:

_____ Last _____ First _____ Middle

UIN: _____ **CLASSIFICATION:** _____ **PROGRAM:** _____

SCHOOL/COLLEGE: _____

Permission is requested to allow the above named student’s registration to be reinstated for the _____ semester, 20_____. It is understood that by allowing the student to register at this time that the student will be assessed a \$150 late registration and payment penalty.

COURSE (Prefix & Number)	SECTION	CREDIT VALUE

REASON FOR REQUEST:

APPROVAL SIGNATURES:

_____ Student’s Signature	_____ Date	_____ Director of Student Affairs/ Designee	_____ Date
_____ Student Business Services <small>(signature indicates receipt of tuition & fees)</small>	_____ Date	_____ HSC Registrar	_____ Date

This form must be returned to the Office of the Registrar and tuition and fees must be paid at the HSC Student Business Services office immediately upon registration.

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.