

APPEAL FOR REINSTATEMENT AFTER REMOVAL FOR NONPAYMENT

Note: If appeal is approved, you will be charged a \$200 reinstatement fee.

UWF I.D. Number: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Semester: Fall Spring Summer

Term*: A B C D E

Year: _____

* If approved, all courses in the term will be reinstated.

Are you on financial aid?** Yes No

**** Financial Aid / VA Benefits**

- I am not receiving any type of financial aid.
- I am receiving financial aid and have discussed the effect of the actions listed with the OSFA.
- I am receiving VA benefits and have discussed the actions listed with Veterans Services.

Use this space below to explain your situation:

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 within two (2) business days.
- You will be reinstated back into ALL of your courses in the given term(s).

Student Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Approved Disapproved

Notified: Controller's Office Student

Processed by: _____ Date _____

COMMENTS:

Revised 5/14/10