

REINSTATEMENT AFTER CANCELLATION

Name: _____ (print) **Date:** _____

Student ID# _____ **Term** Fall ____ Spring ____ Summer ____ Year ____

To be reinstated students must follow the following steps in the order listed:

1. Student retrieves this form from the Registrar's Office AND a copy of his/her previous class schedule.
2. Student meets with Controller's Office to determine payment amount. *Fees/refunds are calculated from the start date of the term. No special fee adjustments for cancellation/reinstatement. Late fees apply.*
3. Student contacts Student Health Services for health insurance coverage verification (green) form.
4. Student brings insurance form to the Controller's Office and submits payment in full, or creates a formal payment arrangement with the Controller's office.
5. Student obtains faculty and division chair signatures (and stamps) for all courses seeking to be re-enrolled on the bottom of this form. *Students must re-enroll in the same number of credits from which they were purged, OR at the same enrollment status.*
6. Student returns this form to the Controller's office to have insurance verification attached and sign off approval.
7. The student then submits this completed form WITH his/her previous class schedule AND the insurance form to the Registrar's office for processing.
8. The Registrar's office re-enrolls the student in the courses listed below and sends the student an email to their LCMail account. *If any of classes are web-based, the Registrar's office notifies the Distance Learning office.*

DEADLINE for students to be allowed to re-enroll is within 10 class days of classes being cancelled for Fall and Spring classes and within 5 class days of cancellation for Summer Session classes.

Dept.	Course Number	Section Number	Course Title	Cr.	Faculty Signature

As a student being reinstated after cancellation, I understand if my classes are cancelled for non-payment again, I WILL NOT be eligible for reinstatement.

Student's Signature _____ **Date** _____

For Office Use Only

Status of Enrollment: FT PT Credits _____

Health Insurance Status Verified by: _____

Date: _____

Controller's Office Approval to Enroll: _____

Date: _____