

## APPLICATION FOR REINSTATEMENT AFTER CANCELLATION

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ 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 Student Accounts 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 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 (based on health insurance verification).*
4. \*If required, student obtains authorized signature from appropriate division(s) indicating that Proof of Health Insurance has been verified. *(Health Insurance is mandatory for students participating in one or more of the following programs: International Student, Varsity Athletics, Nursing or Radiographic Science Programs.)*
5. Student brings this form to Student Accounts and submits payment in full or creates a formal payment arrangement with the Student Accounts office.
6. The student then submits this completed form WITH his/her previous class schedule, Student Accounts approval AND Health Insurance status verified, if applicable, to the Registrar's office for processing.
7. The Registrar's Office re-enrolls the student in the courses listed below and notifies the student of their reinstated status via LCMail. *\*Students requiring Proof of Health Insurance will not be reinstated until status has been verified by the appropriate division(s). If any of the classes are web-based, the Registrar's office notifies the Learning Services 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	Division Chair 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 \_\_\_\_\_

Student Accounts Approval to Enroll: \_\_\_\_\_ Date: \_\_\_\_\_

\*Health Insurance Status Verified by: \_\_\_\_\_ Date: \_\_\_\_\_