



ST. JOHN'S UNIVERSITY

Reinstatement of Courses Agreement

Please complete this form if you are requesting reinstatement of your _____ semester courses, which were dropped due to non-payment of the balance due or non-confirmation of attendance with financial aid credit.

Only students who have uploaded all medical forms (MMR-Meningitis) and Accepted the Student Financial Responsibility Agreement on UIS will be reinstated.

By completing this request for reinstatement, you are acknowledging the following:

- I accept responsibility for payment of all tuition and fees for courses for which I re-enroll and room and meal charges if applicable. ***I understand that upon registration, I am responsible for all charges. Payment in full or payment plan enrollment is expected immediately or my classes will be dropped with no further option to be reinstated.***
- I attest that I have been attending in-person and/or online all classes for the courses listed below.
- I understand that I will be reinstated in all courses I was enrolled in at the time of the drop. I have discussed my enrollment eligibility with each of my professors.
- If after reinstatement, the professor(s) do not allow me to continue classes, I understand I must withdraw from the class (es) and I will be responsible for the tuition liability at the time of the withdrawal.
- I understand that payment must be made immediately in full or I must enroll in a University online payment plan, if one is available, at the time of reinstatement, and submission of this form.
- I understand if my balance is covered in full by financial aid, I will be confirmed for the term by a Student Financial Services representative using that aid upon submission of this form.
- I understand that my enrollment status may affect my university or private health plan coverage and my federal loan repayment status if applicable. I understand that if my aid eligibility changes, I will be responsible for the tuition and fees not covered by aid.
- I recognize that if I fail to make my installments on the payment plan or if any of my payments default, I will have a hold, interest of 1% monthly will accrue and I will not be able to register for a future semester until the current term is paid in full.

Student Information:

Name: _____ X-ID Number: _____

Phone Number: (____) _____ - _____ STJ Email Address: _____ Term: _____

<u>Course Information</u>			<u>Professor Signature</u>
Please list each course you are attending and for which you are seeking reinstatement:			
Subject	Course Number	CRN	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Student SIGNATURE (Not Typed) _____ Date _____

Dean's Office Signature required starting February 12, 2024 for permission to reinstate and continue in all above courses.

Dean's Office Signature _____ Date _____