



# ST. JOHN'S UNIVERSITY

## Spring 2026 Reinstatement of Courses Agreement

Please complete this form if you are requesting reinstatement of your **Spring 2026** courses, which were dropped due to non-payment of the balance due or non-confirmation of attendance with financial aid credit (on UIS).

**Only students who have uploaded all medical forms & accepted the Student Financial Responsibility Agreement 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, if applicable, all room and meal charges. I also understand that payment for all charges is due upon registration and if I do not make payment in full or enroll in a payment plan, my classes will be dropped with no further option to be reinstated.
- I confirm that I have been regularly attending the courses listed below and have discussed my enrollment eligibility with each of my professors.
- I understand if my balance is covered in full by financial aid, I need to confirm this with a Student Financial Services representative upon my reinstatement.
- I understand that my enrollment status may affect my university or private health plan coverage and, if applicable, my federal loan repayment status. I understand that if my aid eligibility changes, I will be responsible for the tuition/fees not covered by aid.
- I understand if I fail to make my payment plan installments or if any of my payments default, I will have a hold put on my account, will be prevented from registering for future semesters, and will be responsible for interest that will accrue at a rate 1% monthly until my bill is paid in full.

Student's Name (print): \_\_\_\_\_ X-ID: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SJU Email: \_\_\_\_\_

### COURSE INFORMATION - Please list each course you are attending and for which you are seeking reinstatement:

Subject and Course Number (Ex: PSY 2240)	5-digit CRN	*Professor's Signature and Date Required Starting 2/9/2026 (*Confirms student has been participating and is eligible to re-enroll in your class)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Student Signature (must sign): \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature (required starting 2/9/2026): \_\_\_\_\_

Date \_\_\_\_\_