



ST. JOHN'S UNIVERSITY

Reinstatement of Courses Agreement

Please complete this form if you are requesting reinstatement of courses dropped due to non-payment.

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

- I acknowledge responsibility for payment of all tuition and fees for courses for which I re-enroll and/or room and meal charges if applicable.
- I attest that I have been attending classes for these courses listed below.
- I understand that payment must be made in full or I must enroll in a University payment plan within two (2) business days upon reinstatement of courses and failure to make payment within this period will result in the dropping of courses permanently.
- I recognize that until my financial obligation has been satisfied I am not considered to be an enrolled student at St. John's and therefore not eligible to receive grades or a transcript related to the term courses. In addition, these courses will not be applicable towards degree completion requirements.
- I understand that my enrollment status may affect my university or private health plan coverage and my federal loan repayment status if applicable.

Student Information:

Name: _____ XID: _____

Phone Number: (____) _____ - _____ St. John's E-mail: _____ Term: _____		
<u>Course Information</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.		

Student
Signature _____ Date _____

Dean
Signature _____ Date _____

Please note: All dropped students must first see their Dean's Office to petition for permission to reinstate. Once permission obtained, provide payment and dean's approval for reinstatement with this signed form to Student Financial Services.