



OFFICE OF THE REGISTRAR

Request to Reinstate Dropped Class

Student Name: _____ EmpID: _____

Term: _____ Session: _____ Year: _____

Subject: _____ Course #: _____ Section #: _____ Instructor Name: _____

Check each box to indicate you have read each of the following:

I understand this form can only be used for 5 business days after the original date of drop.

I understand this form cannot be used if classes have been dropped for non-payment.

I understand this form cannot be used to reinstate a class that was dropped on or before the census date of the session.

I understand this form cannot be used if I have Withdrawn from all classes.

I understand that if I receive financial aid, reinstating this course may affect my current and future financial aid eligibility. For more information about Financial Aid and Satisfactory Academic Progress (S.A.P.) policy, please visit <http://financialaid.unt.edu/satisfactory-academic-progress-requirements>.

Student Signature

Date