

Signature

## OFFICE OF THE REGISTRAR

## Request to Reinstate Dropped Class

Name:			Student ID:		
Term:	Se	Session:			
Subject:	Course #:	Section #:	Instructor Name:		
Check each	box to indicate you have read ea	ach of the following:			
	I understand this form ca	I understand this form can only be used for 5 business days after the original date of drop.			
	I understand this form ca	I understand this form cannot be used if classes have been dropped for non-payment.			
	I understand this form ca of the session.	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 ca	nnot be used if I have W	ithdrawn from all classes.		
	financial aid eligibility. Fo	or more information abo	tating this course may affect my out Financial Aid and Satisfactory Acedu/satisfactory-academic-progress	cademic Progress	
	e of the methods below to sub		m to the Registrar's Office:		
0	IBMIT THE FORM ELECTRONI Fill in all fields of the form and Sign electronically (from a validation)	save the completed form			
<ul> <li>TO SU</li> </ul>	Print the form, sign and Email IBMIT THE FORM IN PERSON	:	om a valid UNT email address).		
0	Print the form and fill in all field Take the completed form to the Present a photo ID.		SSC 147.		
0	Obtain a receipt to show that the	he drop has been proces	sed.		

Date