

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
OFFICE OF THE BURSAR

SCHEDULE REINSTATEMENT REQUEST

Date of Request: _____

Student Name: _____

Student Number: _____

Semester: _____

Your billing address:

Phone Number: _____

E-mail Address: _____

Please provide an explanation why you were unable to pay your tuition and/or fees by the due date (use separate sheet if necessary):

Acknowledgement:

I understand that should this schedule reinstatement be approved for the semester indicated above my registration will be reinstated for ALL of the courses that were canceled from my schedule and a **\$50.00 reinstatement fee** will be charged to my account. I further understand that as part of the reinstatement process I must pay my tuition and fees in full, including the reinstatement fee, using certified funds before my schedule will be reinstated.

STUDENT SIGNATURE

DATE

OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

APPROVED BY: _____ COMMENTS: _____