



Registration Reinstatement

UFID

Student Name (print)

I understand that my registration has been cancelled due to non-payment of fees pursuant to university regulation 6C1-3.037(6). I would like to have my registration reinstated for the _____ term. I understand that in addition to the _____ semester _____ year fees I already owe, I will be assessed a \$100 late registration fee and a \$100 late payment fee.

Student's Signature

Date