



# Financial Disenrollment Reinstatement

## STUDENT INFORMATION

Student ID Number:

Last Name:

First Name:

VT Email:

Cell Phone Number:

Major:

Term:

Fall  Spring  Summer  Winter

Year:

Academic Level:

FR  SO  JR  SR

Primary Advisor:

## COURSE(S) REQUESTED TO HAVE ADDED TO SCHEDULE

**PLEASE NOTE:** Adding your courses back does not add you back to Canvas. Talk with your instructors to be added back to your Canvas course sites.

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

Department:

Course Number:

CRN:

Credit Hours:

Grade Option:

A-F

P/F

## SIGNATURES OF APPROVAL

I request that the following schedule be reinstated. My signature below is verification that I will be taking care of my financial obligation. I understand that failure to take care of my financial obligation will result in a loss of academic credit for the semester.

Student:

Date:

Advisor:

Date:

Associate Dean:

Date:

CLAHS Associate Dean of Undergraduate Academic Affairs

## OFFICE USE ONLY

Date Received:

Date Processed:

Processed By: