UF UNIVERSITY of FLORIDA

Current Term Re-Enrollment Request

UFID Last Name First Name MI Class/College Date

Email Address: _____ Phone Number: _____

To petition to re-enroll for the **current term** due to Withdrawal for Non-Payment of Fees, complete this form.

To petition for re-enrollment for a **previous term** due to Withdrawal for Non-Payment of Fees, **do not complete this form.** Instead, you must complete a University Petitions Packet.

_____ _____
Current Term Year

The University of Florida requires that students pay their fee liability by the established university deadline. Failure to pay course fees results in withdrawal of the student's registration due to non-payment of fees, pursuant to university regulation 6C1-3.037(6).

If this petition is not granted, you will not be allowed to attend the courses from which you were withdrawn.

INSTRUCTIONS

Explain fully any extenuating circumstances that support your petition in the space provided, or attach a typed statement. You also may submit additional documentation to support your request. All documentation is subject to verification. Any submission of false or fraudulent information or documentation could warrant judicial sanction.

Attach proof of payment of course fees (or arrangements for payment) from University Financial Services. Petitions for students who still have outstanding fee liability will not be considered.

I am hereby petitioning to be re-enrolled for my classes for the current term. I understand that if this petition is not granted, I cannot attend these courses. I understand that in addition to the tuition and fees I already owe for my courses and the $100 late payment fee, I also will be assessed a $100 late registration fee.

I hereby certify that the information and documentation that I have submitted for this petition is true and accurate to the best of my knowledge.

_____ _____
Student Signature Date

**********COMMITTEE USE ONLY**********

Committee Action: Approved ❑ Denied ❑ Deferred ❑
Notes/Comments: _____

_____

_____ _____
Authorized Signature Date

Office of the University Registrar, PO Box 114000, 222 Criser Hall, Gainesville, FL 32611-4000, 352-392-1374, ext. 7237