UF UNIVERSITY of FLORIDA

Current Term Re-Enrollment Request

UFID | Last Name | First Name | MI | Date

Email Address | Phone Number

Note: This form can only be used by students withdrawn from the current term for non-payment of fees. Students withdrawn for non-payment of fees for previous terms must complete a University Petition.

If this petition is approved, the student will be re-enrolled in all courses withdrawn from their schedule for non-payment of fees. Students cannot use this from to request partial re-enrollment. If approved, the entire schedule will be reinstated.

Failure to pay course fees by the established deadline results in cancellation of the student's schedule due to non-payment of fees pursuant to Florida Board of Governors regulation 7.002(7) and University of Florida regulation 3.037(6).

INSTRUCTIONS:

- In the space below, students must write a personal statement explaining the extenuating circumstances that caused their non-payment of fees. Proof of full payment should be attached to this form. Students who cannot pay the full amount must explain how they plan to pay the fees owed. If necessary, students can attach a one page personal statement explaining their plans to pay the full amount. Please be aware that students who do not provide proof of full payment may be denied.
- Any submission of false or fraudulent information or documentation could warrant judicial sanction.
- Petition decisions and/or further instructions will be posted in ONE.UF under My Record → Petition Status. one.uf.edu
- **If this petition is denied, the student is not allowed to continue attending the courses from which the student was withdrawn.**

I am hereby petitioning to be re-enrolled for my classes for the current term. I understand if this petition is denied, I cannot attend these courses. I also understand, if approved, that I must pay the tuition and fees owed, a $100 late payment fee, and a $100 late registration fee.

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

Student Signature: _____ **Date:** _____

**********BELOW IS FOR COMMITTEE USE ONLY**********

Committee Action: ❑ Approved ❑ Denied ❑ Deferred

Notes/Comments: _____

Authorized Signature: _____ **Date:** _____

Return to the Office of the University Registrar, PO Box 114000, 222 Criser Hall, Gainesville, FL 32611-4000
Phone: 352-392-1374, Fax: 352-846-1126