



**INSTRUCTIONS**

Complete this petition to request a complete reinstatement of all courses dropped for non-payment. Partial schedule reinstatements will not be accepted. The schedule must be reinstated as it was prior to being dropped. If using this form to petition for reinstatement, late add forms are not necessary. Completed and signed forms may be sent from your **UGA email address** to [reghelp@uga.edu](mailto:reghelp@uga.edu).

**STUDENT INFORMATION**

Last Name *	First Name *	Middle Name
UGA ID (81X) Number *	Contact Email Address *	

**ACADEMIC TERM**

Fall, Spring, Summer *	Year *
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**NOTE:** Upon approval to reinstate your class schedule you will have three business days after reinstatement to pay the tuition balance in full. After three business days, you will be removed from the reinstated classes.

**Justification for Reinstatement (Explanation for failure to meet payment deadline and how to prevent situation from reoccurring):**

Signature \*

Date \*

<b>OFFICE USE ONLY</b>		
Request Approved	Request Denied	Denial Reason:
System Updated By:		Date: