University Of Central Florida
Student Account Services
P.O. Box 160115, Orlando, FL 32816-0115
Tel. No: (407) 823-3433 Fax No: (407) 823-6476
E-mail: stuaccts@ucf.edu

Clear

Student Request for Re-Registration

Instructions:
Re-registration using this form will be for current term classes that were on the original schedule and were dropped for non-payment of fees. (Registration for classes not on your original schedule must be requested by petition through Academic Services, Millican Hall- Room 210).

In addition to this form, the student must provide verification of Financial Aid to Student Account Services, or pay in full the amount owed for tuition and all associated fees to get reinstated. Remit payments to Student Account Services, MH 109, or via EPAY system.

Bring Financial Aid Verification or documentation of payment with this form. Student Account Services will process the completed form.

SECTION TO BE COMPLETED BY THE APPLICANT: (Please print legibly)

Name: _____ **PID#:** _____

Address: _____

City/St/Zip: _____ **Phone #:** _____

Email Address: _____ **Academic Year:** _____

Term: **FALL** ☐ **SPRING** ☐ **SUMMER** ☐

Session A ☐ **Session B** ☐ **Session C** ☐ **Session D** ☐

PAYMENT FOR RE-REGISTRATION:

Tuition and Fees: _____

Late Registration: **$100.00**

Late Fee (DNP): **$100.00**

Total Fees Due: $ 200.00

Less Partial payment prior to drop _____

Total Amount Due to Re-register $ 200.00

I understand that if my enrollment is cancelled due to non-payment of fees, future term enrollment is also cancelled. If I plan to attend any future terms, I must re-register for those terms. **WEBCT STUDENTS:** Upon receipt of re-registration form, Registrar's Office requires 2 BUSINESS DAYS for processing. I also understand that if I am reinstated, I will be responsible for the academic requirements on those classes.

Student Signature: _____ **Date:** _____

APPROVED: _____ **DATE:** _____