



USF ID: _____ Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ USF Email: _____

Term of Registration (Select One): Fall Spring Summer A or C Summer B Year: _____

The University of South Florida will approve a petition for reinstatement if the student is unable to make payment on time due to circumstances determined by the University to be exceptional and beyond the control of the student. Petitions must be submitted within two years of the cancelled registration. Requests must meet one of the conditions listed below to be considered:

- University error. A letter (on University letterhead) signed by an appropriate University official from the department responsible or an appropriate official University document must be included with your petition.
• Extraordinary circumstances such as severe illness, death in the immediate family (parent, spouse, child or sibling) and involuntary call to or return from active military duty. Appropriate documentation (note from physician, copy of military orders, etc.) must be included with your petition.
• Other documented exceptional circumstances beyond the control of the student. Appropriate documentation and a written explanation must be included with your petition.

Attach written explanation and all supporting documentation to this form.

Return the completed and signed petition form and all relevant documentation to SVC 1039. You can also email, FAX or mail the document to the address below.

Email: sfscommittee@usf.edu

FAX: 813-974-6077

Mailing Address:

UCO-Student Financial Services
University of South Florida
4202 E. Fowler Ave, ALN 147
Tampa, FL 33620

If you have any questions please call us at 813-974-6056.

PLEASE NOTE

*You will be charged a late payment and a late registration fee totaling \$200.00 if your petition is approved.

*You will be reinstated back into all of your courses for the term.

*You must be able to make payment of all past and current term charges for reinstatement within 10 business days.

* Payments returned or rejected for any reason i.e. insufficient funds, will negate your reinstatement.

Certification: I certify that the information submitted for this petition is true and accurate to the best of my knowledge

Student Signature

Date

For Office Use Only

Approved Denied Deferred to Assistant Controller

Calculation of reinstatement payment: Cancelled tuition and fees: Other past due charges: Late fees: Less payments already made: Amount due for reinstatement:

Authorized Signature: _____

Date: _____