

## Request for Reinstatement of Registration

(After Drop for Non-Payment of Tuition & Fees)

Students are liable for all tuition and fees of the courses in which they are enrolled at the end of the drop/add period. A student's course schedule shall be canceled when the account has not been paid in full or when arrangements for payment have not been made through the Student Accounts/Bursar's Office by 5 pm on the published last day to pay fees (midnight via UAOnline).

A student whose course schedule has been cancelled for non-payment may apply for reinstatement of the course schedule to the UAS Student Accounts/Bursar's office. Reinstatement of courses canceled for non-payment requires the payment of all fees, plus a \$100 reinstatement fee, which is assessed at the time of reinstatement. Only classes enrolled in at the time of cancellation are eligible for reinstatement, provided those classes have not since filled capacity.

Last	First	Middle Initial	UA ID No.
Mailing Address			Phone No.
City	State	Zip	Email Address
-	received more than five (5) bu class being reinstated.	isiness days after being dropped	for non-payment will require instructor's
By completing and sig	gning this form, I declare that I:		
<ul> <li>understand</li> <li>understand</li> <li>understand</li> </ul> I understand that, by a gree that I will full	I will be required to pay the \$10 these fees cannot be waived or a my campus housing and meal places igning this form, I am responsible fill my payment arrangement already	O reinstatement fee appealed under any university processian privileges will be in jeopardy un for payment of all tuition and charges assign in place or that I will pay all charge	sociated with the course(s) to which I am reinstated swithin five (5) business days after reinstatement
I also understand that date for these charge: associated with any co- payment plan, I prom	I will not be automatically dropped s. I understand that by submitting ourse(s) for which I have registered,	I for non-payment from these courses of this form and the Registrar's Add/Drowhether or not I successfully complete ney, and legal fees necessary for the co	fees incurred as a result of this reinstatement.  once reinstated and I cannot file an appeal at a late op form, I am responsible for the tuition and fee the course(s). If I default on this student account o ollection of any amounts owed to the University of
	y, the university may garnish my lalso understand that past due debt ma		a Statutes 14.40.251 and 43.23.073 and pursue othe
Student's Signatu	ure		Date

After completing this form, submit to UAS Student Accounts/Bursar's Office, Novatney Building, along with the UAS

## UAS Student Accounts

Novatney Bldg 11066 Auke Lake Way, Juneau, AK, 99801 (907) 796-6267 | (907) 796-6006 (Fax) uas.cashier@alaska.edu

Registrar's Add/Drop form to complete reinstatement.

Office use Only
Method of Payment
[] Cash [] Check (No) [] CC [] Other:
Agency, Waiver, Scholarship, or TMS
FA/SA Initials



JUNEAU CAMPUS REGISTRAR'S OFFICE 11066 AUKE LAKE WAY JUNEAU, AK 99801 TEL: (907) 796-6100 FAX: (907) 796-6365 uas.registrar@alaska.edu KETCHIKAN CAMPUS STUDENT SERVICES 2600 7TH AVE. KETCHIKAN, AK 99901 TEL: (907) 225-6177 FAX: (907) 225-3624 ketch.info@uas.alaska.edu

SITKA CAMPUS STUDENT SERVICES 1332 SEWARD AVE. SITKA, AK 99835 TEL: (907) 747-7700 FAX: (800) 478-3552 I sitka.registrations@uas.alaska.edu

## COURSE ADD/DROP/CHANGE

	Semester/Year	Degree		JL AD	D/DNC	JI / CII	ANGL				
	[ ] Spring/Year 20 [ ] Summer/Year 20	[ ] Non-Degre Seeking	eecourse ref #	subject	course #	section	course title	credit	instructor approval*	office use	
	[ ] Fall/Year 20	[ ] Degree/Ce		1,		1			stractor approva		
_		Program									
You must be currently registered to use this form  Use this form to add/drop/withdraw/change to credit/audit for individual courses											
050 1115 101111 10 4441, 410	p,ge to treaty		AD			-				_	
last name	first name	middle in	itial								
			>			-			-		
UA ID#			WITHDRAW								
			[]						<u> </u>		
email address											
mailling addres	c		DROP/								
manning addres	3		<u> </u>								
city	stat	e zip code	AUDIT						Credit to Audit Audit to Credit		
,		•	_						- Credit to Audit		
daytime phone	I evenii	ng/message pho	<b>ED</b>						Audit to Credit		
			*SIGNATUR	E REQUIRED	IF STUDENT	DOES NOT	T MEET MINIMUM REQ	UIREMENTS, REGIS	TERING AFTER THE STAF	T DATE OF THE	
			I understand that by subr	nitting this regi	stration I am re	esponsible fo	r the tuition and fees assoc	ciated with any course(s	)		
FINANCIAL AID			by the published deadlin	es to ensure cha	arges are not in	ncurred. If I de	he course(s). I am responsi efault on this student acco	unt, I promise to pay for		JSE ONLY	
Do you have Finance	cial Aide? [ ] Yes	[ ]No	Alaska, which may be bas	ed on a percen	tage at a maxi	mum of 40%	ion of any amounts owed t of the debt. If I do not pay,	the university may take			
•	must sign this form	[ ]110	my Permanent Fund Divi also understand that past				43.23.073 and pursue othe ius.	r collection methods. I			
Note: Your financial	aid may be affected by	ı chanaina	×								
your credits.	,,			dent signa	ture (req	uired)	date	_			
	OFFICE USE ONLY		•	-					METHOD	OF PAYMENT	
Credits Paid Credits After Drop			<b>→</b> UA	advisor si	gnature	(if required	d) date		[ ] Cash [ ] (		
			×						[ ]Other:	school or scholarship, etc.	
×				S advisor p	orinted na	me		_	For credit card pay	·	
UAS financial aid signature date							contact the Busines Juneau	ss Office:			
			<b>≭</b> UA	S registrar	signature	(if requ	ired) date		Ketchik Sitka	an (907) 228-4530 (907) 747-7737	
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