

Office of Admissions and Records

Application for Enrollment Reinstatement

Students are completely dropped from their semester classes when they have not paid a sufficient portion of the tuition and fees by the published due date as determined by the Cashier's Office.

All requests should be submitted

Name _____ NSHE ID _____

Signature _____ Date _____

Please review and initial the following:

I acknowledge that once I am dropped from classes for nonpayment I will not have access to course material online until I have been fully reinstated and am responsible for working with instructors on possible missed assignments.

I acknowledge I am responsible for the anticipated amount owed of \$_____. This amount must be satisfied with pending financial aid or payment prior to reinstatement.

For Office Use Only

Processed

Denied

AR Staff _____

Date _____