



University of South Carolina Upstate

COURSE REINSTATEMENT

Must be submitted no later than 15 business days from the first day of classes.

STUDENT INFORMATION

Name: _____
Last First Middle Initial

VIP ID: _____

Class Schedule: Students must register for all courses on their original schedule

Course CRN	Department	Course Number	Section

My signature below verifies I have been attending these classes regularly since classes started.

Student Signature Date

PAYMENT INFORMATION

Financial Aid

Pending Financial Aid \$ _____
Financial Aid Staff Signature & Date

Student Account Services

Payment Options: Payment Plan
 Payment In Full
Student Account Services Staff Signature & Date

Estimated Tuition & Fees Due \$ _____

My signature below verifies I agree to meet the financial obligations to the university in order to continue to be enrolled in these classes. This may include a registration fee and late payment fee.

Student Signature Date

For Office Use Only

Continuing Student _____	
Reinstatement Fee	\$ 75.00
Additional fee assessed at \$5 per day from last day for 100% refund	\$ _____
Total Reinstatement Fees	\$ _____