



REGISTRATION APPEAL FORM

Student Name: _____ Student ID: _____

Program: _____ Campus: _____

Student Email: _____ Phone Number: _____

Student Mailing Address: _____

I hereby apply for reinstatement / removal / payment waiver:

Semester: _____ Year: _____

REASON (s) FOR REQUEST:

Student illness/hospitalization Death in the Family UB billing error

Resignation from Program UB billing error UB Course Removal

Other _____

Supporting documentation attached: Yes No

Amount Paid/owing (*see attached invoice*) _____

Student's Signature: _____ Date: _____

FOR USE OF STAFF ONLY

COMMENTS:

Entered by: _____ Date: _____

Appeal Committee Decision: Yes / No

Comments: _____

Signature: _____ Date: _____