### Late Add or Course Reinstatement Request Form

**Important:** Late adds or course reinstatements **must be completed by 5:00 p.m. on the University’s 20th official class day (Fall/Spring) or 15th official class day (Summer).**

**Student Name (print):** ______________________________________  **SFA ID#:** ___________________________

**Address:** _____________________________________________________________________________________

**Telephone number:** ______________________  **Student SFA Titan email address:** _______________________

This is a request for (mark one):

- [ ] **Late Add** (Registering or adding a course after the regular registration period has ended)
- [x] **Course Reinstatement** (Re-registering in a course from which the student has been dropped)

**Course to be added or reinstated (a separate form must be completed for each course):**

<table>
<thead>
<tr>
<th>Course:</th>
<th># of Semester Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab:</th>
<th># of Semester Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>#</td>
</tr>
</tbody>
</table>

**Instructor’s Name:** __________________________________________

**Semester & Year:** _______________________

**Reason for late add or reinstatement:**

____________________________________________________________________________________________

I understand I am responsible for the additional tuition and fees associated with this request, including the Late Add Fee or Reinstatement Fee. I further understand that these amounts plus other tuition and fees must be paid before this request can be finalized.

**Note:** SIGNATURES MUST BE OBTAINED IN THE FOLLOWING ORDER:

- **Student Signature:** ________________________________________________  **Date:** ________________________
- **Course Instructor:** ________________________________________________  **Date:** ________________________
- **Department Chair:** ________________________________________________  **Date:** ________________________
- **Dean or Associate Dean of college:** ________________________________  **Date:** ________________________

After obtaining signatures, the Dean’s Office will fax a copy of this form to the SFA Business Office and Registrar’s Office. The student must then immediately contact the Business Office at (936)468-6960 for required payment amount and instructions. After payment is made, the Business Office will contact the Registrar’s Office to complete the enrollment.

**Business Office use only:**  **Form received (date):** _____________  **Registrar’s Office notified (date):** _____________