

The University of Kansas
Reactivation Request

Name: _____ ID: _____ Term: Spring 2008

I have withdrawn for the semester noted above but would like to have my account reactivated for this semester. I understand and agree to the following:

1. A reactivation fee will be assessed
 - i. \$75 Between Friday, October 19, 2007 and Thursday, January 24, 2008
 - ii. \$150 After Friday, January 25, 2008
2. This fee is **non-refundable**.
3. This fee will be assessed and owed even if I am unable to complete enrollment
4. My account will be assessed a reactivation fee based upon the date this form is submitted to the Enrollment Center 151 Strong Hall. (It is not necessary to pay the reactivation fee at the time the reactivation request is submitted – see item 9, below).
5. The reactivation fee is assessed each time I request a reactivation. The reactivation fees for separate requests are cumulative and I am responsible for the entire amount (e.g. if this is my second request I will owe two reactivation fees).
6. The reactivation fee does not guarantee course availability.
7. I must follow the enrollment instructions in the Timetable of Classes (www.timetable.ku.edu) once I have been reactivated.
8. Failure to pay the reactivation fee will result in a hold on my records, my future enrollment and my account with the University may be sent to a collection agency.
9. The charge will be billed to me during the next billing cycle, via email. I am responsible for ensuring that my email address is up to date for billing purposes. Ebills are emailed on the 20th of each month and are due at 4:00 p.m. on the 15th of the following month. I understand that I am responsible for this amount, even if I do not receive an Ebill.

Signature

Date

Return to Erin Flessing, Office of the University Registrar, 1450 Jayhawk Blvd. Room 150, Lawrence KS 66045-7535.
Fax (785) 864-5230, ATTN Erin.

Office Use Only:

Reactivation fee posted: _____ \$ _____
Date Amt Initials

Account reactivated: _____
Date Initials