

Last Name _____ First Name _____

CRN	Subject	Course Number	Section Number
ex. 89285	ex. ENG	ex. 3014	ex. 700

I certify that all information on this form is true, correct, and in keeping with USF Regulation 6.0021 Student Code of Conduct. I request the registration action above. **I understand all charges due to USF including fees and prior term balances must be paid in full upon submission of this form.** I understand that other charges may be added to my account after this course is reinstated. If my account is delinquent, I am not permitted to register, receive official transcripts or diplomas.

Student Signature _____ Date _____

Part 2: Instructor Section *(Note: Skip Part 2 for Summer courses)*

The above student is requesting permission to be re-added to your class after the registration deadline. Your cooperation providing the information below is required to process this request. Please answer the questions below, sign and date this form, and return it to the student above; **you may email the form to the student's USF email address.**

Are you the instructor of record for the section listed above? Yes No

Has the student attended this section this term? Yes No

Is there space available in this section? Yes No

Does the student have your permission to be added to this section's roster? Yes No

Faculty Printed Name _____ USF Email _____

Faculty Signature _____ Date _____

Part 3

After making payments in Student Self-Service, student returns request form to sfsReAdd@usf.edu. Forms requiring Instructor's Signature must be received within one business day of signature. Forms that are older than one business day will not be processed.