

# Re-Add Request

For classes cancelled for financial reasons



## Part 1: Student Section

You may only enroll in the sections from which your registration was canceled. If you would like to section switch or add a section for which you were not registered, follow the **ARC Petition Process** (undergraduate students) or **Graduate Studies Petition Process** (graduate students).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

USFID \_\_\_\_\_ Phone Number \_\_\_\_\_

USF Email \_\_\_\_\_

Term:  Fall  Spring  Summer A  Summer B  Summer C Year \_\_\_\_\_

Consult the Office of the Registrar Re-Add webpage ([usf.edu/readd](http://usf.edu/readd)) to determine if an instructor signature is necessary.

**Re-add your full schedule by checking this box and signing below.**

If you would like to re-add a partial schedule or are re-adding when instructor signature is required, complete a **Re-Add Request** for each course you wish to be registered. Instructors must complete Part 2 during the dates reflected on the webpage referenced above.

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 OASIS, student returns request form to [sfsReAdd@usf.edu](mailto: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.