



Request for Term Reinstatement Form

Section A. Personal Details:

McGill Student ID: _____

Last Name: _____

First Name: _____

Address: _____

Phone #: _____

Faculty: _____

Program: _____

Section B. Terms To Be Reinstated:

Semester Dropped:

Fall

Winter

Spring/Summer

I declare that on submission of this Request for Term Reinstatement Form I have paid the outstanding fees in full from previous semesters;

I declare that on submission of this Request for Term Reinstatement Form I have made a payment arrangement with the Student Accounts Office;

I understand that a charge of \$150 will be added to my fee account as a penalty to reinstate my registration;

Student's Signature: _____

Date: _____

Section C. To be completed by the Student Accounts Office:

Officer's Signature: _____

Date: _____

Comments: _____

Return this form to Student Accounts Office:

McLennan Library Building, Room MS-55

3415 McTavish Street

Montreal, Québec H3A 1Y1

Telephone: (514) 398-7878 / Fax: (514) 398-2656

Ce document est aussi disponible en français, au Service des comptes étudiants

(voir au <http://www.mcgill.ca/student-accounts/forms/>)