



Term Reinstatement Form

AS-03I

Records, Enrolment and Fees
Academic Services
The University of Auckland
Private Bag 92019
Auckland Mail Centre
Auckland 1142, NZ
Email: fees@auckland.ac.nz
Phone: 0800 729693

STUDENT'S DETAILS

ID number: _____

First name/s: Last name:

Programme:

TERMS TO BE REINSTATED* (please tick the appropriate boxes)

- Summer School
 First Semester
 Second Semester

* I declare that:

- On submission of this "Term Reinstatement Form" I have paid the outstanding fees in full for all courses that I had previously been deleted from.
- Reinstatement will only occur once I have paid the corresponding reinstatement charge of \$30 per course for the term(s) I have requested reinstatement into (as set out in Part A of the Fees Statute in the *University Calendar*).
- If I wish to make an application to delete or withdraw from any course, this application must be made in accordance with the Enrolment and Programme Regulations as published in the *University Calendar* (Regulations 16, 17 and 19).

Contact phone number: _____

Student's signature: _____ Date: _____

ESTIMATED FEES AMOUNT AT TIME OF DELETION: (office use only)

Tuition fees to be paid: \$ _____ Administration Fees to be paid: \$ _____

Officer's signature: _____ Date: _____

PAYMENT DETAILS:

- Cash Bank Cheque Internet Banking Credit Card

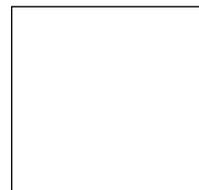
CONFIRMATION OF PAYMENT: (office use only)

Reinstatement charge payment amount: \$ _____ (Dept. Code 19)

Tuition fees payment amount: \$ _____

Late payment fee: \$ _____

Officer's signature: _____



Cashier's stamp

STUDENT FEES OFFICE CONTACT:

If you need to know how much you need to pay to be reinstated, we can be contacted on any of the methods below:

Phone: 0800 729693
Email: fees@auckland.ac.nz