

Reinstatement Form



SEVERN
BUSINESS
COLLEGE

PART A: TO BE COMPLETED BY THE STUDENT

All fields must be filled out for a successful submission

Title <i>(Please circle)</i>	Mr Miss Ms Mrs	Student Number	
First Name		Family Name	
Date of Birth	____/____/____	Phone Number	
Email			
Address			

PART B1: Course and OLD Start Date

Course Name	Old Start Date
	____/____/____

PART B2: Course and OLD End Date

Course Name	Old End Date
	____/____/____

PART C1: Course and NEW Start Date

Course Name	New Start Date
	____/____/____

PART C2: Course and NEW End Date

Course Name	New End Date
	____/____/____

PART D: Reason for reinstatement

PART E: DECLARATION

I agree that the fees for my course may differ from the original fees paid and that the additional fees must be paid.

I agree that the course structure of the course may change.

I agree that the reinstatement fees (additional 75% of the total course fees) must be paid.

Signature		Date	____/____/____
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PLEASE COMPLETE THIS FORM AND RETURN TO: admission@severnbusinesscollege.com