

University of South Florida, Student Health Services
4202 East Fowler Avenue, SHS100
Tampa, FL 33620-6750
Phone (813)974-2331 Fax: (813)974-5888

Application for Retro-Reinstatement
Due to Immunization Cancellation

Name _____ USF ID# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Please complete the following:

Semester in Which Cancellation Occurred _____

Course Title _____ Course # _____

Home Campus _____

The USF Criteria for Reinstatement are:

- (a) University error or delay which prevented the student from providing timely evidence of immunity.
- (b) Clearly stated extenuating circumstances, beyond the control of the student which precluded providing timely proof of immunity.

Instructions: Clearly state the extenuating circumstances, which you believe, caused you to not meet the University immunization requirements.

- (a) Be specific: Indicate dates/time periods, i.e., semesters, involved. Indicate how the circumstances prevented you from meeting the immunization deadlines. Provide pertinent details. Use additional paper if necessary.
- (b) Attach documentation, which validates your statements.
- (c) Sign and date your application.

If approved, the Immunization Department will fax this form to the Office of the Registrar. Please check Oasis for registration status.

Please explain briefly your reasons for requesting reinstatement:

Student Signature _____ Date _____

Office Use Only

Date Received: _____ Approved _____ Denied _____

Signature: _____ SHS Staff