

Letter of Justification for Reinstatement Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Institution Name]

[Office/Department Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver for the reinstatement fee associated with my account. My name is [Your Name], and my student ID is [Your Student ID].

Due to [briefly explain your circumstance, e.g., financial hardship, medical issues, family emergency], I have encountered challenges that have impacted my ability to meet the financial obligations required for my education. [Provide a little more detail about your situation, if necessary, but keep it concise.]

I am committed to completing my program and believe that waiving the reinstatement fee will allow me to focus on my studies without the added burden of financial constraints. I assure you that I am actively seeking solutions [mention any steps you are taking, e.g., job hunting, applying for scholarships].

I appreciate your consideration of my request and hope for a favorable response. Thank you for your understanding.

Sincerely,

[Your Name]

[Your Student ID]