

STUDENT RE-ENROLLMENT AGREEMENT

This Re-Enrollment Agreement ("Agreement") is entered by and between:

Institution Name: Ideal Institute of Technology

Address: 1000 W. Washington Ave, Pleasantville, NJ 08232

("Institution")

and

Student Name: _____

Student Cell: _____

Student Email: _____

("Student")

1. Purpose of Agreement

The purpose of this Agreement is to outline the terms and conditions under which the Student is permitted to re-enroll in the course/program they did not complete in the previous term.

Term: _____

Course: _____

2. Re-Enrollment Fee

The Student agrees to pay a **re-enrollment fee of \$5,000** upon signing this Agreement. This fee is applicable to all students re-enrolling after an incomplete or withdrawn previous term.

3. Waiver of Re-Enrollment Fee

The Institution agrees to **waive the \$5,000 re-enrollment fee** if the student meets the following conditions:

- Successfully completes the re-enrolled course/program **on time**, as per the official academic schedule, **and**
- Maintains a minimum of **90% attendance** throughout the duration of the course/program.

If both conditions are met, the \$5,000 fee will be refunded or credited to the student's account, depending on the Institution's policies.

4. Non-Compliance

If the Student does not meet the requirements specified in Section 3, the re-enrollment fee shall **not be waived**, and no refund shall be issued.

5. Additional Terms

- The Student must comply with all academic and institutional policies and codes of conduct.
- Any changes to course completion deadlines or attendance requirements must be approved in writing by the Institution.
- This Agreement does not alter or override any other existing agreements or financial obligations the Student has with the Institution.

6. Acknowledgment

By signing below, the Student acknowledges that they have read, understood, and agreed to the terms of this Agreement, including the conditions under which the re-enrollment fee may be waived.

Student Signature: _____ **Date:** _____

Institution Representative Signature: _____ **Date:** _____

Representative Name & Title: _____