



📍 1000 W. Washington Ave.  
Pleasantville, NJ 08232  
☎ (609) 318-8008  
🌐 [www.iitnj.edu](http://www.iitnj.edu)

## 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 This fee is applicable to all students re-enrolling after an incomplete or withdrawn previous term.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.



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## 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.

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Institution Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative Name & Title:** \_\_\_\_\_