

**Reactivation Form****Fall 20\_\_ Spring 20\_\_**

Last Name (print) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Previous Name (if any) \_\_\_\_\_ Social Security Number \_\_\_\_\_

EMPLID (if any) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 (Apt. number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

You wish to enroll as a: ☐ **Undergraduate Freshman** or ☐ **Undergraduate Transfer**Have you attended another college or university since you last applied? ☐ **Yes** ☐ **No**

If yes, list all colleges/universities attended, including dates of attendance in the space below:

**Your request cannot be processed until all official transcripts have been received by our office.**

1. I certify that the above information is complete and accurate.
2. All reactivated applications go through a review process and admission for a previous semester does not guarantee admission for the next semester. Upon review, you may need to submit additional documentation(s) and/or pay a new fee.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_**For Office Use Only**

Date Received \_\_\_\_\_ Processed By \_\_\_\_\_

Date Entered in CF \_\_\_\_\_