

CONTINUING STUDENT REACTIVATION FORM

INSTRUCTIONS: Degree-seeking students who have not registered for at least three consecutive semesters (but not exceeding 15 consecutive semesters) must contact their advisor to be reactivated prior to continued enrollment. Students must complete the top section and submit to their advisor for approval. Students who are also changing their college, major, and/or concentration must complete a Change of Major/Status Form. Reactivated students will be subject to the curricular requirements for readmitted students and may require the development of a new student plan at the time of reactivation. The advisor and student must ensure that a study plan is on file.

SECTION I: TO BE COM	PLETED BY STUDE	NT (Please type or print)		
REACTIVATION FOR:	FALL 20	SPRING 20	SUMMER 20	
NAME				
	Last	First	Middle	
I.D. NUMBER				
LEVEL: GRAD	UNDERGRAD_			
COLLEGE:		MAJOR:		
CONCENTRATION: (If A	oplicable)			_
ADVISOR:LAST			TERM ATTENDED:	_
SECTION II: TO BE COM Student is in good acade			ion.	
ADVISOR'S SIGNATURE Student is on academic		pproved for reactivation.	DATE	
ADVISOR'S SIGNATURE			DATE	
DIVISION'S CHAIR'S SIG (Students on academic s through the Office of Ada	suspension are not e		DATE and petition for readmission	on
	ACKNOWLEDGI	EMENT OF RECEIPT OF	REACTIVATION	
Signature—Office of the	Registrar		 Date	