

## **REACTIVATION APPLICATION**

Attention: This form should only be submitted for students that have been inactive (not attending class) for *less* than one year (3 semesters).\*

Student (Genisys) II	D# Legal Name (print)	:
Former Name (if app	olicable):	
Have you graduated	I from any Regent University program?	Yes No
Term Last Enrolled:		Term you desire to re-enroll:
School of Enrollmen	t:	
Degree Program: _		Major:
Minor:	Concentr	ation/Emphasis/Cognate:
Address:		
City:		State: Zip:
Email Address:		Phone:
Date of Birth:		_ SSN
Expected Graduatio	n Term: Ad	visor:
Have you attended a	any other institutions since you were la	st enrolled at Regent University? If so please list below:
Student Signature: _		Date
same degree prograi office using the form for more than one ye students or graduate	n to which they were originally admitted found at <a href="http://www.regent.edu/admin/r">http://www.regent.edu/admin/r</a> ar must meet the degree requirements of	one calendar year (3 semesters) and who desire to enroll in the should apply for readmission through the appropriate dean's egistrar/reactivation.cfm. Students who have not been enrolled current at the time of readmission. Regent students, former tree program than that of their last term of enrollment must
School Use Only		
Authorized School C	Official Name/Title (print):	
Signature of Authori	zed School Official:	Date:
Registrar's Use Only		lled: Catalog term:
GPA:	SGASTDN Updated: Regis	strar Staff: Date Updated: