

## **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).* Please complete and return this form to
advisingforms@regent.edu

Student (Genisys	s) ID# Lega	I Name (print):	
Former Name (if	applicable):		
Have you gradua	ted from any Regent Univer	sity program? Yes	No
Term Last Enrolle	ed:	Term you d	esire to re-enroll:
School of Enrollm	nent:		
Degree Program:		Major:	
Minor:		Concentration:	
Address:			
City:			_ State: Zip:
Email Address: _			Phone:
Date of Birth:		SSN	
Expected Gradua	ation Term:	Advisor:	
Have you attende	ed any other institutions sinc	e you were last enrolled a	at Regent University? If so please list below:
Student Signature	e:		Date
same degree prog at this link <u>https://</u> must meet the deg	gram to which they were origi /www.regent.edu/apply-now/a gree requirements current at o a different degree program	inally admitted should app <u>#readmission</u> . Students w the time of readmission. R than that of their last term	r year (3 semesters) and who desire to enroll in the ly for readmission using the Readmission Form found ho have not been enrolled for more than one year egent students, former students or graduates who of enrollment must contact Academic Advising at
School Use Only			
			Date:
Registrar's Use O First term enrolle		ast term enrolled:	Catalog term:
GPA:	SGASTDN Updated:	Registrar Staff: _	Date Updated: