Office of the University Registrar
Fax: 740.593.0216

RE-ENROLLMENT FORM

Students who have attended since 1985
Instructions

Who should use this form?

This form is for use by students who have attended Ohio University since 1985 but who are not currently enrolled and would like to return to Ohio University.

Who should not use this form?

If you were previously enrolled as a special student at Ohio University and wish to return as a degree-seeking student, you should contact University College, Chubb Hall 140, Athens, Ohio 45701, 740.593.1935, university.college@ohio.edu, to obtain the correct form.

If you were previously enrolled as an undergraduate student at Ohio University and wish to return as a graduate student, you should contact the Graduate College, Research and Technology Center 220, Athens, Ohio 45701, 740.593.2800, graduate@ohio.edu, to obtain the correct form.

If you were dropped from Ohio University for academic reasons and now wish to return, you must petition for reinstatement through the dean of the college from which you were dropped. Once you have been reinstated, you must return this form to the Office of the University Registrar.

NOTES ON COMPLETING THIS FORM

Please use the full, legal name you used during your previous enrollment. If your name has changed, please attach the appropriate legal document to request a name change (passport, court action document, divorce decree, marriage certificate).

If you have enrolled at another college or university, since you were at OHIO, it must be reported. Failure to do so is grounds for terminating enrollment. You must have an official transcript from each institution attended sent to Office of Undergraduate Admissions, Chubb Hall, Ohio University, Athens, Ohio 45701.

Questions about registering for classes should be directed to the Office of the University Registrar, the college student services office to which you are re-enrolling, or the appropriate regional campus student services office.

UNDERGRADUATE STUDENTS

This form should be completed, signed, and returned based on the campus you wish to attend:

Athens Campus/eCampus

Office of the University Registrar
Chubb Hall
Ohio University
Athens, OH 45701
Phone: 740.593.4186
Fax: 740.593.0216
Email: registrar@ohio.edu

Chillicothe Campus

Student Services
Bennett Hall
Ohio University
Chillicothe, OH 45601
Phone: 740.774.7240
Fax: 740-774-7295
Email: chillicothe@ohio.edu

Eastern Campus

Student Services
Shannon Hall
Ohio University
St. Clairsville, OH 45950
Phone: 740.699.2536
Fax: 740.695.7082
Email: eastern@ohio.edu

Lancaster Campus

Student Services
Brasee Hall
Ohio University
Lancaster, OH 43130
Phone: 740.654.6711
Fax: 740.653.5130
Email: lancaster@ohio.edu

Southern Campus

Student Services
1804 Liberty Avenue
Ohio University
Ironton, OH 45638
Phone: 740.533.4600
Fax: 740.533.4590
Email: southern.admissions@ohio.edu

Zanesville Campus

Student Services
1425 Newark Road
Ohio University
Zanesville, OH 43701
Phone: 740.588.1439
Fax: 740.588.1444
Email: ouzservices@ohio.edu

GRADUATE STUDENTS

This form should be completed, signed, and returned to:

Graduate College
Research and Technology Center 220
Ohio University
Athens, OH 45701
Phone: 740.593.2800
Fax: 740.593.4625
Email: graduate@ohio.edu

Ohio University is an affirmative action institution.

OHIO UNIVERSITY

Fax: 740.593.0216

RE-ENROLLMENT FORM

Students who have attended since 1985

I wish to re-enroll for (check one) ☐ Fall ☐ Spring ☐ Summer _____ Academic Year

I wish to enroll in (check one) ☐ Undergraduate classes ☐ Graduate classes (course numbered 5000 or above)

Which campus do you plan to attend? ☐ Athens ☐ Chillicothe ☐ Eastern ☐ Lancaster ☐ Southern ☐ Zanesville ☐ eCampus

Name: _____
Last First Middle

Student PID: _____ Previous Name (if changed since last enrollment): _____

Current Address: _____
Number/Street

_____ Phone: ( ) _____
City State Zip Code Area Code Number

Are you planning to live on campus in a residence hall? ☐ Yes ☐ No

Address while attending Ohio University if different from current address:

_____
Number/Street

_____ Phone: ( ) _____
City State Zip Code Area Code Number

Cell Phone: ( ) _____ ☐ Private (University business use only) ☐ Public (i.e., published as your local phone number in the Ohio University online directory)
Area Code Number

Have you attended another institution since your last enrollment at Ohio University? ☐ Yes ☐ No

Complete the following:

Name of Institution	Location	Dates of Attendance	Were you Dismissed?
_____	_____	_____	☐ No ☐ Yes, When_____
_____	_____	_____	☐ No ☐ Yes, When_____

Degree(s) Earned: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Number/Street City State Zip Code

Phone: ( ) _____
Area Code Number

Please indicate if you have ever been convicted of, are currently charged for, or are under indictment for a felony: ☐ Yes ☐ No

Statement of Integrity: I certify that the information contained within this form is complete and accurate, and I understand that submission of inaccurate information is sufficient cause for terminating my enrollment.

_____ _____
Signature (required) Date

Student: Do not write below this line.

Holds	_____	Standing	_____	Program Plan	_____
Academic Drop	_____	Hours Earned	_____	Term Activation	_____
Last Date of Attendance	_____	Previous Degree Program	_____	DARS	_____
Over Time Limit	_____	Enrollment Appointment	_____	Sent to Legal Affairs	_____