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:

<table>
<thead>
<tr>
<th>Athens Campus/eCampus</th>
<th>Chillicothe Campus</th>
<th>Eastern Campus</th>
<th>Lancaster Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the University Registrar</td>
<td>Bennett Hall</td>
<td>Shannon Hall</td>
<td>Student Services</td>
</tr>
<tr>
<td>Chubb Hall</td>
<td>Ohio University</td>
<td>Ohio University</td>
<td>Brasee Hall</td>
</tr>
<tr>
<td>Ohio University</td>
<td>Chillicothe, OH 45601</td>
<td>St. Clairsville, OH 45950</td>
<td>Ohio University</td>
</tr>
<tr>
<td>Athens, OH 45701</td>
<td>Phone: 740.774.7240</td>
<td>Phone: 740.699.2536</td>
<td>Phone: 740.654.6711</td>
</tr>
<tr>
<td>Phone: 740.593.4186</td>
<td>Fax: 740-774-7295</td>
<td>Fax: 740.695.7082</td>
<td>Fax: 740.653.5130</td>
</tr>
<tr>
<td>Email: <a href="mailto:chillicothe@ohio.edu">chillicothe@ohio.edu</a></td>
<td>Email: <a href="mailto:eastern@ohio.edu">eastern@ohio.edu</a></td>
<td>Email: <a href="mailto:graduate@ohio.edu">graduate@ohio.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

Southern Campus
Student Services
1804 Liberty Avenue
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: 740.588.1447
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.
RE-ENROLLMENT FORM
Students who have attended since 1985

Fax: 740.593.0216

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

City               State               Zip Code

Phone: (___) ____________

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

City               State               Zip Code

Phone: (___) ____________

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)

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  __________