



OHIO UNIVERSITY

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	Chillicothe Campus	Eastern Campus	Lancaster Campus
Office of the University Registrar Chubb Hall Ohio University Athens, OH 45701 Phone: 740.593.4495 Fax: 740.593.0216 Email: registrar@ohio.edu	Student Services Bennett Hall Ohio University Chillicothe, OH 45601 Phone: 740.774.7240 Fax: 740-774-7295 Email: chillicothe@ohio.edu	Student Services Shannon Hall Ohio University St. Clairsville, OH 45950 Phone: 740.699.2536 Fax: 740.695.7082 Email: eastern@ohio.edu	Student Services Brasee Hall Ohio University Lancaster, OH 43130 Phone: 740.654.6711 Fax: 740.681.2606 Email: lancaster@ohio.edu

Southern Campus

Student Services
1804 Liberty Avenue
Ohio University
Ironton, OH 45638
Phone: 740.533.4600
Fax: 740.533.4632
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

RE-ENROLLMENT FORM

Students who have attended since 1985.

Office of the University Registrar

Chubb Hall
Athens OH 45701-2979
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)

Campus: _____

Name: _____
Last First Middle

Student ID (PID from ID card): _____

Previous Name (if changed since last enrollment): _____

Current Address: _____
_____ Phone: () _____

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

Address while attending Ohio University if different from current address: _____
_____ Phone: () _____

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?	
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, When _____
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, When _____
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, When _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Day Phone: () _____ Evening Phone: () _____

Please indicate if you have ever been convicted of a felony, are currently charged, or 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 (HLD2) _____

Degree-seeking <45 hours _____

Sent to Legal Affairs _____

Academic Drop (SAST) _____

Transfer degree-seeking <90 hours _____

Last Date of Attendance _____

Previous Degree Program _____

Over Time Limit _____

Enrollment Appointment _____

10/24/2012