



OHIO
UNIVERSITY

Office of the University Registrar
Fax: 740.593.0216

APPLICATION FOR RE-ENROLLMENT

Students who have NOT attended since 1985
Instructions

Who should use this form?

This application is for use by academically reinstated students and students not enrolled at Ohio University since 1985 who wish to enroll in undergraduate coursework.

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, 140 Chubb Hall, Athens, Ohio 45701 to obtain the correct form.

If you were previously enrolled as an undergraduate 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 to obtain the correct form.

Please Note: Work taken by correspondence, during high school, or through adult and continuing education classes (for non-credit) does not constitute previous enrollment.

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 APPLICATION

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

If you have enrolled at another college or university, 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.

This application should be completed and returned to:

Office of the University Registrar
Chubb Hall
Ohio University
Athens, OH 45701

740.593.4186

Ohio University is an affirmative action institution.



OHIO UNIVERSITY

APPLICATION FOR RE-ENROLLMENT Students who have NOT attended since 1985 Form

Office of the University Registrar
Fax: 740.593-0216

Student Identification Number _____

Name (when previously enrolled) _____
last first middle

Current address _____
number / street
city state zip code Phone ()
area code number

Cell Phone ()
area code number Private (University business use only) Public (i.e., published as your local phone number in the Ohio University online directory)

Emergency information _____
name (person to contact) relationship
number / street city state zip code area code number

Gender Female Male

Date of birth mm dd

Are you an Ohio resident? No Yes/County _____

Which Ohio University campus do you wish to attend?
 Athens Chillicothe Eastern Lancaster Southern Zanesville eCampus

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

Have you ever received a degree from Ohio University? Yes No

If yes, give degree and date earned. _____

When were you last enrolled at Ohio University? _____ Campus location _____

If you have attended any college, university, technical institute, or other postsecondary degree-granting institution other than Ohio University, you are required to give name, location, and dates of attendance in chronological order.

NAME OF INSTITUTION	TYPE OF INSTITUTION	CEEB#	LOCATION (CITY/STATE)	ATTENDANCE
_____	<input type="checkbox"/> Two-Year <input type="checkbox"/> Four-Year	_____	_____	_____
_____	<input type="checkbox"/> Two-Year <input type="checkbox"/> Four-Year	_____	_____	_____

Please indicate if you have 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 application is complete and accurate, and I understand that submission of inaccurate information is sufficient cause for terminating my enrollment.

Signature (required) _____ Date _____
(See reverse side for additional information.)

Student: Do not write below this line.

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