



Reactivate Enrollment

Office of the Registrar

Student Name: _____

Program: _____

Student's Enrollment needs to be reactivated beginning: _____

Student has been academically advised and needs to be registered for the following courses:

1. _____

3. _____

2. _____

4. _____

Signature of Academic Advisor

Date

Signature of Academic Department Chair

Date

Submit to Registrar's