|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NON-DEGREE STUDENT RE-ACTIVATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form should be completed by non-degree students whose status has been inactivated. Degree-seeking students may not use this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application for re-enrollment in:** | | | | | | | | | | | | Fall | | | | | | | | Spring | | | | | | | Summer | | | | 20 *Click here to enter text.* | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Kent State Banner ID:** | | | | | | | | | | | | | | | |  | | | **SSN (if Kent State ID is unknown):** | | | | | | | | | | | | | | | | | | | | | |  | | **Date:** | | | | | | | | | | | | | | | | | | |
| *Click here to enter text.* | | | | | | | | | | | | | | | |  | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | |  | | *Select date.* | | | | | | | | | | | | | | | | | | |
| **Complete Legal Name: (Last, First, Middle Initial)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Former Name(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Note: Form will be processed under your legal name at the time of last attendance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permanent Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Email Address:** | | | | | | | | | | | | | | | | | | | | |
| *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | | | | | |  | | **State:** | | | | | | | | | | | | | | | | |  | | **Zip:** | | | | | | | | | | | | | |  | | | **Telephone Number:** | | | | | | | | | | | | | | |
| *Click here to enter text.* | | | | | | | | |  | | *Click here to enter text.* | | | | | | | | | | | | | | | | |  | | *Click here to enter text.* | | | | | | | | | | | | | |  | | | *Click here to enter text.* | | | | | | | | | | | | | | |
| **How long have you lived at the above address?** | | | | | | | | | | | | | | | | | | | | | |  | | *Click here to enter text.* Years | | | | | | | | | | | | | | |  | | | *Click here to enter text.* Months | | | | | | | | | | | | | | | | | | |  | |
|  | **If *less than one year*, list previous address(es) during the last twelve months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Address: | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | From: *Select date* | | | | | | | | | | | | | | | To: *Select date* | | | | | | | | | |
|  | | Address: | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | From: *Select date* | | | | | | | | | | | | | | | To: *Select date* | | | | | | | | | |
|  | | Address: | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | From: *Select date* | | | | | | | | | | | | | | | To: *Select date* | | | | | | | | | |
| *Note: Form will not be processed without residency information.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | | *Click here to enter text.* | | | | | | | | | | | | | | |  | | | | | **Ethnicity**: | | | | | | Hispanic or Latino | | | | | | | | | | | | | Not Hispanic or Latino | | | | | | | | | | | | | | | | | | | |
| **Race (select all that apply):** | | | | | | | | American Indian or Alaska Native | | | | | | | | | | | | | | | | | | | | | | | | Asian | | | | | | | | | | | | | Black or African American | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | White or Caucasian | | | | | | | | | | | | | | | | | |  | |  | | |
| **Are you a U.S. Citizen:** | | | | | | Yes | | | | No | | | | | | | *If no, please contact the Office of Global Education.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you a U.S. Veteran:** | | | | | | | Yes | | | | | | No | | | | | | | | **If yes, was your absence due to Military Service:** | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes\* | | | | | | | No | | | | | | |
|  | | | | *\*If the answer to both of the above is yes, contact the VA certifying official at your campus.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you been convicted of a criminal offense or do you have charges pending against you at this time, other than a minor traffic violation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| **Have you ever been dismissed, suspended or placed on probation by any other higher education institution for a non-academic reason?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| *If the answer to either of the above is yes, a personal explanation form must be submitted.  This form is found at*[*www.kent.edu/registrar/forms*](https://bluprd0811.outlook.com/owa/redir.aspx?C=yucQZ4RS0E64iYTL7xKOGfnhngzDENAIHwcFxs_zI6HiwJVjnjwsR_EEMHhv2LwT_Z9060jII98.&URL=http%3a%2f%2fwww.kent.edu%2fregistrar%2fforms)*. The re-activation will not be processed until the explanation is reviewed for eligibility.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I certify that the information herein is complete and accurate to the best of my knowledge.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |
| *(Student)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | *(Date)* | | | | | | | | |
| APPROVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| *(Department Chair/School Director)* | | | | | | | | | | | | | | | | | | | | | | | | |  | *(Print Name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | *(Date)* | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| *(Dean/Designee of the College)* | | | | | | | | | | | | | | | | | | | | | | | | |  | *(Print Name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | *(Date)* | | | |
| Registrar’s Office Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processed by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  | | | | | | | Holds Verified:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | | | | | | | | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |