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| **APPLICATION FOR GRADUATE RE-ENROLLMENT** |
| This form should be completed by degree-seeking graduate students on an approved leave of absence who wish to return to their former program of study. Students ***not*** on an approved leave of absence who withdrew from or left the University one or more years ago must formally apply and follow the same admission procedures required of new applicants. See policy# 3-01.13 |
| **Last term and year enrolled at Kent State:** | **[ ]** Fall | **[ ]** Spring | **[ ]** Summer | 20 *Click here to enter text.* |
| **Kent State 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.* |
| **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* |
| **Application for re-enrollment in:** |  |  | **Degree:** |  |
|  | **[ ]** Fall | **[ ]** Spring | **[ ]** Summer | 20 *Select one* |  |  | **[ ]** Master’s | **[ ]** Doctorate | [ ]  Ed.S. | [ ]  Certificate |
| **College:** |  | **Department/School:** |  | **Major:** |  | **Advisor:** |
| *Click here to enter text.* |  | *Click here to enter text.* |  | *Click here to enter text.* |  | *Click here to enter text.* |
| **Are you a U.S. Citizen:**  | [ ]  Yes | [ ]  No | *If no, please contact the Office of Global Education.* |
| **Do you intend to pursue your program 100% online:** |  [ ]  Yes |  [ ]  No |
| **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 |
| *If yes, a personal explanation statement form must be submitted.  The 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)*. Your re-enrollment will not be processed until the explanation form is received and reviewed to determine eligibility for re-enrollment.* |
| ***I certify that the information herein is complete and accurate to the best of my knowledge.*** |
|  |  |  |
| *(Student)* |  | *(Date)* |
| ***Please submit the completed form to your department chair or school director for review.*** |
| APPROVALS |
|  |  |  |  |  |
| *(Office of Global Education, if applicable)* |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| *(Student’s Advisor)* |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| *(Department Chair/School Director)* |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| *(Dean/Designee of the College)* |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| *(Dean of Graduate Studies)* |  | *(Print Name)* |  | *(Date)* |
| Office Use Only |
| Processed by: |  | Leave code removed: |  | Date verified with Registrar: |

Revised 06/12/14