

STUDENT REACTIVATION FORM

Print Name: _____

Student ID/SSN: _____

Current Address: _____

Telephone: Home: _____

Cell: _____

Email Address: _____

(Select only one Program)

GRADUATE PROGRAM

_____ Graduate Non-Degree

_____ Graduate Degree

(Must RE-APPLY if Admit Date is more than 6 yrs – See GRAD OFFICE)

UNDERGRADUATE PROGRAM

_____ Undergraduate Non-Degree

_____ Undergraduate Degree *

- * Undergraduate Degree students **MUST RE-APPLY AT THE ADMISSIONS OFFICE** if:
- (1) Student has studied elsewhere since leaving RIC, **or**
 - (2) Student's earned credit at RIC are more than 10 years old.

TERM

___ Early Spring/Winter

___ Spring

___ Summer

___ Fall

Records Office Use Only: Initials: _____ Date: _____