

## REQUEST FOR REACTIVATION/REINSTATEMENT

For previously enrolled SMU undergraduate students

Spring	_ Summer	_ Fall	_ Year	
_				
Entry Te	rm Requeste	d:		
Sprina	Summer	Fall	Year	

Last Term Enrolled at SMU for Credit:

REACTIVATION: Your record must be *reactivated* if you have not been enrolled for **2 or more** regular terms (fall/spring).

REINSTATEMENT: Your record must be *reinstated* if you were suspended from SMU. To be considered for reinstatement, a **personal statement** is required explaining the reasons why you now feel prepared for successful return to SMU.

Students are required to submit this information at least one month prior to the start of the term and international students should allow additional time for the processing of immigration documents. This form and supporting materials will not be accepted after the requested re-entry term begins.

Legal Name Last		First		Middle/Maiden	Suffix
			_		
SMU Student ID #		Date of Bird	th	SSN (if applicable)	
Cell Phone/		E-mail Address			
Mailing Address					
Street &	k Number		Ci	ity	State, Zip
Citizenship Status	☐ U.S. Citizen	□ Foreign Ci	itizen: Country of Birth		
		If you curren	ntly hold a Visa, please state v te: Foreign citizens should allow	which type:  a minimum of two week	s for the issuance of the I-20.
	□ Permanent Re	sident of the U.S.: Registro	ation Number <u>A</u> -		
Intended Major(s)  1st ch			2,	nd choice (optional)	
Have you ever been on p			y other school because of sch	_	□ Yes □ No
Has your disciplinary and	•	changed since you last appl	lied to SMU? ☐ Yes ☐	No	
Do you intend to apply for financial aid? ☐ Yes		$\square$ Yes $\square$ No	Are you seeking camp		$\square$ Yes $\square$ No
Are you a faculty/staff de	ependent?	□ Yes □ No	Are you a full-time er	mployee of SMU?	□ Yes □ No
			uated and all colleges/univers receive any grades. Attach a s		
School Name		City, State	Dates of At	ttendance	Degree Earned (if any)
□ None since SMU					
Have transcripts of colleg	ge-level work (other t	han SMU) been sent to SM	MU? □ Yes	Sent to SMU	OAnticipated Postmark Date
college courses complete	ed before attending SM you submitted your co	MU and after leaving SMU bllege transcripts when app	s are on file with the Office of will need to be submitted be olying as a transfer student, yo	fore your application	
By signing below, I cert	ify that all statement	s made in this application	n are true, complete, and co	errect to the best of n	ny knowledge.
Applicant's Signature					te