



Request to Reactivate Graduate Admission

(This form is not be used to apply to a different graduate program.)

Please type or print in blue or black ink

Name: _____
(Last) (First) (MI)

Address: _____ City: _____ State: _____

Student ID #:

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 or SS# (last 4 digits):

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 Date of Birth: _____

Phone: (____) _____ E-mail: _____

Academic Program: _____

Start Term: Fall 200____ Spring 200____ Summer 200____ session: _____
(Summer admission is program specific.)

I have been made aware of the following:

- _____ I may defer my admission for one semester or one year if my academic program only admits for fall.
- _____ Official transcripts of any coursework taken while in a deferred enrollment status must be submitted to the Office of Graduate Admission.
- _____ I will need to complete the Request for Revision form on the Financial Aid website to make appropriate changes to my student account. The website is www.chapman.edu/finaid/forms/reqForRev.asp.

Student Signature: _____ Date: _____

Program Approval:

Advisor Signature: _____ Date _____

Advisor Name (Print): _____

SEND COMPLETED FORM TO:
Chapman University
Office of Graduate Admission
One University Drive
Orange, CA 92866