

- Former students seeking re-enrollment for graduate study must submit this form to the program department for approval. If approved, the department will submit the signed form to the Office of the University Registrar for processing.
- Graduate students accepted for re-enrollment are still subject to the seven year time limitation, which dictates that graduate courses must be completed within a seven year period.

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID (or last 4 of SSN if ID not known)
_____			_____
Address (include apt. no)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number
_____			_____
Name While Attending Chapman University			Email Address

Original Catalog Year: _____

Original Program: _____

Signature _____ Date _____

Department Response

Signing this form indicates department **approval** for the student to re-enroll in the program of study indicated above. Graduate re-enrollment students resume coursework under the current catalog year, unless otherwise specified by the department.

Dept._____
Department Chair Signature_____
Date