

UNDERGRADUATE Re-enrollment Application

- Must be submitted by the close of business on the first day of classes
- To be completed by Undergraduate students who have missed one or more consecutive semesters at Mason.
- Students who re-enroll must meet catalog/degree requirements that are in place at that time of re-enrollment.
- If no catalog year entered, default will be the catalog year when the student re-enrolls.

G	# or SSN:		Catalog year:			
Ν	lame:					
	Last	First	M.I.	Previous	Name	
Δ	ddress:					
•	Street	City		State	Zip Code	
_						
	hone Number		E-mail Address			
S	emester of Re-enrollment: Fall		Summer	Major:		
		Year Year	Year			
Pleas	e circle the appropriate answers t	o the following questions:				
1	. Were you on academic suspens	sion when you left George M	lason University?	Yes No		
2	· ·					
3	, , , , , , , , , , , , , , , , , , , ,					
4	, .					
5	,		absence from Geor	ge Mason University wit	hout receiving permission	
	from the Dean/Director of you					
6	,		lason University?	Yes No		
7	,	-				
_	If yes, provide the date(s) of any conviction(s) and an explanation for each occurrence on a separate sheet of paper. 8. Have you ever been suspended or dismissed from another college/university for non-academic reasons? Yes No					
8	-				S? Yes No	
_		ion for each occurrence on a	•) Van Na	
9	When last enrolled at George NHas your immigration status ch			ident in F-1 or J-1 Status	? Yes No	
	1. Do you need an I-20 or DS-201		Yes No			
				ic required		
	 If you answered no to all of the questions above, only the advisor signature is required. If you answered yes to questions 1 or 2, take this form to your school/college undergraduate academic affairs/students servi office for approval, then submit it to the Registrar's Office for processing. 					
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•		_	-	imissions amu edu)		
•	 If you answered yes to questions 4, 5 or 6, you MUST REAPPLY to Mason. (admissions.gmu.edu) If you answered yes to questions 7 or 8 this application will be reviewed by the Admissions Office. 					
•	If you answered yes to question		=		d Services for	
	assistance. Students who requ	· •		_		
	financial support as required b	_				
•	BIS and NURS majors, your De	-	ve this form before	e it is processed.		
	Failure to	provide complete, accurate	e. and true informa	ition may result in		
		ment from the University an	_	= = = = = = = = = = = = = = = = = = = =		
_			-	-		
Д	dvisor Approval (required):			Date:		
S	chool/college undergraduate aca	demic				
	ffairs/student services Approval (Date:		
_						
Д	dmissions Approval (if required):			Date:		
В	IS/NURS Approval (if required): _			Date:		
•	I certify that all information giv	en on this application is com	nplete, correct, and	true. I will read and acc	cept responsibility for the	
	George Mason University Hono		•		·	
	Signature:			Date:		
	Office of the University Registra				site@gmu.edu	
Off	ice Use Only: Initials	Date			8/19	
					0/ 20	