

Date: _____

Request for Reactivation Form

Reactivation as: Full-time student Part-time student

Current College: College of Arts and Sciences College of Business
 College of Engineering College of Pharmacy and Health Sciences

STUDENT INFORMATION—please print:

Name: _____ Student ID#: _____
(Last) (First) (M.I.)

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: _____ Work Phone No: _____

Cell Phone No: _____ Email Address: _____

Semester/Year last enrolled at WNE: _____ Semester/Year Returning to WNE: _____ New Catalog Year if gone over a year: _____

Current Academic Program: _____

Other Colleges attended since last enrolled at WNE.

Please submit Official Transcripts for work completed and Unofficial Transcripts for work currently in progress.

College: _____ Dates: _____

College: _____ Dates: _____

College: _____ Dates: _____

Student's Signature: _____ Date: _____

SUBMIT THIS FORM TO YOUR ACADEMIC DEAN'S OFFICE.

If you are requesting a change of program, attach a Request for Change of Academic Program Form and submit both to the Academic Dean's Office of the proposed program.

To be completed by ACADEMIC DEAN'S OFFICE

Transcripts received Initials: _____ Date: _____

Reactivation request denied Initials: _____ Date: _____

Reactivation request supported. Preliminary approval for:

Program: _____

Advisor: _____

Catalog Year (if gone for more than 1 year, catalog year determined by timing of student's reenrollment): _____

Semester/Year of proposed return: _____

Submit this form to ENROLLMENT SERVICES

To be completed by ENROLLMENT SERVICES

Review/update/research holds Initials: _____ Date: _____

Verify transcripts needed through NSC Initials: _____ Date: _____

Official transcripts received for completed work Initials: _____ Date: _____

Unofficial transcripts received for work in progress Initials: _____ Date: _____

Reactivation Request approved denied Initials: _____ Date: _____

- Update Student Record
- Place on probation if indicated
- Notify student and relevant WNE staff

Additional questions regarding changing a program should be directed to the Dean's Office of the appropriate College. College and department contact information is below.

EMAIL THIS COMPLETED FORM TO:

College of Arts and Sciences
Herman Hall, Room 205
Phone: 413-782-1279
Email: coas@wne.edu

College of Business
Churchill Hall, Room 214
Phone: 413-782-1231
Email: cob@wne.edu

College of Engineering
Sleith Hall, Room 101
Phone: 413-782-1271
Email: coe@wne.edu

College of Pharmacy and Health Sciences
Center for Sciences and Pharmacy, Room 216
Phone: 413-796-2333
Email: coph@wne.edu