

Application for Re-Enrollment

Please return your completed application to the *SCS Office of Academic Affairs & Compliance*, via fax to 202-687-8954; or hand-deliver or mail to 3307 M Street, Suite 202; Washington, DC 20057.

This application for re-enrollment must be completed by degree candidates who have been withdrawn for failure to register for courses and who desire to return to their studies. However, if any of the terms outlined in the School of Continuing Studies Student Handbook for which re-application apply, do not use this form. Please note the following:

- Prior acceptance to a program in SCS does not guarantee future acceptance to that same or another program.
- Bachelor's, Master's and Doctorate degree candidates have 5 years from the time of original admission to complete degree.
- All non-U.S. citizens must work with OIP for all immigration documentation needs. Re-enrollment in an academic program does not guarantee the conferral of visa status.
- Return this application together with your essay no later than **two weeks** prior to the start of courses in the requested re-enrollment term. Any application for re-enrollment received after this deadline will not be considered.

Personal Information

Name (last, first, middle initial):		GU NetID:	GU Student ID:
Permanent Home Address:			
City:	State:	Zip:	Country:
Non-Georgetown Email Address:		Former Name(s):	
Primary Telephone:		Secondary Telephone:	
Country of Citizenship:			

Matriculation & Academic Standing Information

Term Admitted Spring * Summer * Fall, Year: _____	Last Term Enrolled Spring * Summer * Fall, Year: _____	Requested Term of Re-Enrollment Spring * Summer * Fall, Year: _____
Academic Program and Department _____		
Number of credits earned to date _____		
Were you in good academic standing when you left your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No Last cumulative GPA _____		
Have you attended any college or university since the last enrolled term at G.U.? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, you must re-apply to the School of Continuing Studies. 		
Have you ever been suspended or dismissed or received a leave of absence from G.U. or any other institution of higher education for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation.		
Essay: Please attach a separate document briefly explaining the reasons you left your studies, why you are returning, and how you know that you are now prepared to successfully resume your studies.		

I certify that all information submitted in this form is complete and true, and that I meet the conditions that make me eligible to apply for re-enrollment as outlined in my Student Handbook. I am aware that I have 5 years from original admission to complete my degree. I understand that misinformation provided may result in denial of re-enrollment. I acknowledge that I understand and must adhere to all SCS and GU policies should re-enrollment be approved.

Student Signature

Date

Associate Dean Signature

Date

Academic Affairs & Compliance Signature

Date