

PROGRAM OF STUDY REACTIVATION FORM

This form is applicable to undergraduate students only. Students must complete this form if they have been absent from CDU for one or more semesters without an approved LOA on file.

STUDENT INFORMATION:

Date: _____ Student ID: _____ Program: _____

First Name: _____ MI: _____ Last Name: _____

Telephone #: _____ Email: _____

Current Preferred Address: _____

Address should match what is on file with the University. If not matching, we will update to the current preferred address provided above.

ENROLLMENT INFORMATION:

Last Semester of Attendance: ☐ FALL ☐ SPRING ☐ SUMMER 20_____

Returning Semester: ☐ FALL ☐ SPRING ☐ SUMMER 20_____

PROGRAM DIRECTOR/ MMDSON DIRECTOR OF STUDENT AFFAIRS APPROVAL:

☐ APPROVED ☐ DENIED

COMMENTS: _____

Dean Signature: _____ Date: _____

STUDENT SIGNATURE/CERTIFICATION:

I am formally requesting to return to Charles R. Drew University of Medicine and Science for the semester noted above.

Student Signature: _____ Date: _____

FOR INTERNAL USE ONLY					
Date Received: _____	Date Processed: _____				
Request Received By: <input type="checkbox"/> Fax	<input type="checkbox"/> Letter	<input type="checkbox"/> In-person	<input type="checkbox"/> E-mail	<input type="checkbox"/> On-line	Recipient: _____
Registration & Records Signature: _____		Date: _____		Department: _____	
Notes: _____		Semesters(s): _____		Credit(s): _____	