

## DRAKE UNIVERSITY REQUEST FOR RE-ENROLLMENT

This form must be completed by students who:

- a) Were admitted to a Drake University degree program, and previously enrolled in classes
- b) Did not register at Drake University for at least one fall or spring semester,
- c) Are not seeking re-enrollment after a Voluntary Medical Leave of Absence (VMLOA). If seeking re-enrollment after a VMLOA, please contact the Dean's Office in the college/school of last enrollment,
- d) And wish to re-enroll at Drake University.

**Student:** Please read this form carefully, print, complete and submit it to the Office of the Registrar. Please begin the re-enrollment process at least two months prior to the beginning of the term in which you wish to re-enroll. The deadlines for each term are indicated below:

**Summer: March 1      Fall: July 1      J-term: November 1      Spring: December 1**

- **Important Student Information:**
- Student is responsible for furnishing all official transcripts from institutions attended since leaving Drake, if any. Registration will be delayed for subsequent semesters if the transcript(s) are not submitted on a timely basis.
- **Send transcripts to the Office of the Registrar, 2507 University Av, Des Moines, IA 50311 or registrar@drake.edu.**
- Student is responsible for clearing any hold before re-enroll approval or registration.
- Students seeking financial assistance should contact the Office of Student Financial Planning at 515-271-2905 or financialaid@drake.edu
- Students must contact the Office of Residence Life if on campus housing is desired at 515-271-3715.
- International students must contact the International Center at 515-271-2084 to obtain, complete and return a new Financial Certificate.
- Student is responsible for any college/school specific re-enrollment requirement(s).

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous names used: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Drake ID: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Semester and year of planned re-enrollment:

College or School and Major of **last enrollment**: AS    BN    JO    ED    PH    Major \_\_\_\_\_

College or School and Major of **re-enrollment**: AS    BN    JO    ED    PH    Major \_\_\_\_\_

### Institution(s) attended since last enrollment at

<b>Drake:</b> Name of institution _____	Name of institution _____
_____ Location _____	Location _____

Since your last enrollment, have you received an undergraduate degree from another institution?	YES	NO
Have you had all official transcripts sent to the Office of the Registrar?	YES	NO
Are you an international student needing a non-immigrant visa?	YES	NO

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Re-enroll Decision: Approve \_\_\_\_\_ Deny \_\_\_\_\_

College Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_