Reactivation Form

Students in good standing should use this form if they have not enrolled at Life University for one or two consecutive quarters. This form is **not** for students that have been out for three or more quarters. Students that have been out for **three** or more quarters will need to submit a new application with the Office of Enrollment Services. Students will **not** submit this form if they have been academically suspended by Life University. Students that **have completed** the academic suspension period may reapply with the Office of Enrollment Services. **Returning students will be able to self-register for classes beginning the Wednesday prior to the first day of the upcoming quarter.**

Complete all sections of this form (please print): Incomplete forms will not be processed.

LIFE ID/Last 4 digits SSN# _____

Name_____

1. Expected Reactivation Qtr ☐ Fall ☐ Winter ☐ Spring ☐ Summer ☐ Year_____

2. Select your Degree and identify major of study

☐ Undergraduate _____

☐ Graduate _____

☐ Professional: Doctor of Chiropractic

I understand this form applies only to the quarter indicated. I certify this information is complete and accurate. False or fraudulent statements included on this reactivation form may result in disciplinary action, denial of reactivation, and invalidation of credits or degrees earned.

Student's signature_____ Date _____

Student Initial Below that the following have been completed:

I have contacted my Financial Aid Counselor and completed any requirements needed (if applicable).

I have entered/verified my bank account information in EagleNet in order to receive a direct deposit.

I have met with (or scheduled an appointment to meet) my Academic Advisor.

For Registrar Office Use Only:

Cumulative GPA _____

Last Quarter/Year Attended_____

# of Quarters Absent_____

On Probation: Yes   No   Referral to Advisor: Yes   No

Accounting Hold or Balance: Yes   No

If Referral Needed:

PASS/Academic Advisor Name: _____ Date of Meeting with Student:_____

Please provide a brief summary of the action plan discussed: _____

_____

_____

Advisor's Signature: _____ Date: _____