



Office of the Registrar
 Summerville Campus
 Rains Hall
 (706) 446-1430
 records@augusta.edu

REACTIVATION FORM HEALTH SCIENCE PROGRAMS

USE THE FORM ONLY IN THE FOLLOWING CASE: Re-enrollment of a former student, who has satisfactory academic and behavior records, into their same department. If the former student has been out of school for less than one year see Item B and C below. Upon completion of the form, submit to records@augusta.edu. In addition to the completed form, a memo with the student's course schedule should be submitted. If possible, return prior to pre-registration for the semester of approved reentry. Confirmation of reactivation to the student record must come from the Registrar's Office before it is official. The Registrar's Office will distribute confirmation to: Student, College/Department, and Financial Aid.

DO NOT USE THE FORM IN THE FOLLOWING CASES: In the situations listed below, the documentation specified must be submitted to the appropriate office.

-Submit to the Admissions Office

- A. Any student (current, former, or graduated) seeking admission into another department/college program must complete an Admission Application
- B. Former students returning to the same program, who are in either category below must complete an application for readmission and follow approved readmission procedures:
 - Those who have not enrolled at AU for one year or more and who have satisfactory academic and/or behavioral records.
 - Those who have unsatisfactory academic and/or behavioral records regardless of time since last enrollment, unless Item C below applies.

-Submit to the Registrar's Office

- C. To reactivate a student who was dismissed, suspended, or administratively withdrawn a memo signed by the Dean or authorized representative must be submitted to the Registrar. The memo must include the approved semester/year of re-entry and any stipulations that the student must meet to continue as an enrolled student. For Graduate or Undergraduate programs, the student must be notified by the department regarding the course(s) for which they are to register. If the pre-registration period is over, a Registration Exception Form must be sent with the memo and this form.

PART 1: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____
 Last Semester Attended: _____ Phone Number: _____ Email: _____

PART 2: REQUEST INFORMATION

Degree: _____ Program: _____ Expected Graduation Date: _____
 College: _____ Department: _____ Campus: _____
 Reactivation Semester & Year: _____ Rotation Begins Month & Year (DCG/MCG Students Only): _____

PART 3: REQUIRED SIGNATURES

Authorizing Signatures:

- CAHS – Department Chair
- CON – Associate Dean
- DCG – Associate Dean
- MCG – Associate Dean
- *TGS - Programs within TGS require department and Dean's Office approval.

Department Signature: _____ Date: _____

Department (Print Name): _____ Title: _____

*TGS Signature: _____ Date: _____

*TGS (Print Name): _____ Title: _____