

**Instructions:** Use this application only if you wish to return to the same degree program in which you were last enrolled and you have been gone from CGU for five or fewer years. Complete this form and attach a personal statement, explaining your reasons for wishing to resume your studies at CGU and providing a projected date for completing of your degree. Submit (1) your application, (2) personal statement, and (3) the \$250 non-refundable reinstatement fee (by cash or check) to the Registrar's Office for processing. Students who have been gone for more than five years should re-apply through the [Admissions Office](#).

Student Information CGU ID# 254 - \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Current Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I would like to return for the \_\_\_\_\_ semester.

Academic Program in Which I Was Last Enrolled \_\_\_\_\_

Academic Department \_\_\_\_\_ Degree Program \_\_\_\_\_

Concentration (if applicable) \_\_\_\_\_

Advisor \_\_\_\_\_ Last Semester of Enrollment \_\_\_\_\_

Student Consent to CGU Reinstatement Policies

Please accept my application for reinstatement into my program at CGU. I have attached my required personal statement and plan for completing my degree. I understand that at the discretion of the academic department, I may be required to provide additional documentation for full consideration of this application.

I certify that I was not previously dismissed from CGU and/or my program and, to the best of my knowledge, have no outstanding obligations to the University.

If approved for reinstatement, I understand that I am responsible for the degree requirements as published in the CGU Bulletin for my reinstatement semester. At the discretion of my program, my revised degree requirements may entail the completion of additional courses, exams, and/or other requisites for completion of my degree. If approved and to avoid a subsequent loss of student status, I agree to register/enroll no later than the first Add/Drop deadline of my reinstatement semester.

I agree to pay the non-refundable reinstatement fee, which will be charged to my student account if not included herewith.

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*Submit completed application, statement, and required fee directly to the Registrar's Office.*

FOR INTERNAL USE

**Registrar**

Last Semester Enrolled \_\_\_\_\_

Financial Holds \_\_\_\_\_

Academic Holds \_\_\_\_\_

Personal Statement received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date Sent to Department \_\_\_\_\_

Disposition Date \_\_\_\_\_

**Registrar**

Reinstatement approved for semester \_\_\_\_\_

Adjust Out of Time One Year to semester \_\_\_\_\_

Admit Term \_\_\_\_\_

**Student Accounts**

Charge Reinstatement Fee \_\_\_\_\_