



RE-ENROLLMENT FORM

Graduate Admissions Office

Office of Recruitment and Admissions
Central Connecticut State University
1615 Stanley Street, New Britain, CT 06050-4010

Request to re-enroll a withdrawn or inactive (non-matriculated) graduate student file. A matriculated graduate student who fails to enroll for classes after two years or who fails to pay the Continuing Registration Fee for thesis and special projects will be withdrawn and lose his/her matriculation status. Matriculated graduate students withdrawn for either of these reason will have to re-apply and pay a Re-enrollment Fee to regain their matriculation. The length of time to obtain a graduate degree will remain at six years from initial acceptance. **Re-Enrollment fee is \$50.00** payable with application.

Student Name: (Last, First, Middle) _____

Social Security Number _____ Phone Nos. (H) _____ (W) _____

Home Address (No., Street, Apt. No.) _____

(City, State, Zip) _____

Other names on collegiate records: _____

E-Mail Address _____

Are you a U.S. citizen? Yes No If not, please specify your country of citizenship _____

Do you have: a Visa; type: _____ or Permanent resident status; alien number _____

Are you a U.S. Veteran? Yes No

During the full period of time when you were not enrolled as a matriculated student did you live and work in Connecticut? Yes No

If not, please indicate the location(s) and years of duration (from-to) of your employment or activity _____

Have you taken courses at other institutions since your enrollment at Central Connecticut? Yes No

If you have taken courses elsewhere, please complete the section below and provide an official transcript to the Graduate School so that we may update your university file and notify your academic advisor.

Institution Name	Location (City/State)	Dates Attended (From-To)	Degree Awarded (Yes/No) Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Program Sought:

Prior program, no change in degree or major. New program: Degree _____ Major _____

Reactivation requested for Fall Spring of _____ (year) as a Full-time Part-time student.

Original date of admission for graduate study at Central Connecticut State University was Fall Spring of _____ (year).

Date of last attendance was Fall Spring of _____ (year).

Student signature _____ Date _____ \$50.00 Check Enclosed _____

Your signature verifies the correctness and accuracy of the information you have provided on this form. Misleading information may result in non-admission or dismissal from the program.

For Office Use Only	
Program: <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA / MSOM <input type="checkbox"/> Certification <input type="checkbox"/> Sixth Year/Post-Master's	
Major: _____	Advisor: _____