

## Undergraduate Request to Re-enroll to Temple University

This form must be submitted by the following deadlines; requests received after these deadlines will be reviewed for the following semester:

For Fall Return – June 1    For Spring Return – October 1    For Summer Return – February 15

**TUId:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(9xxxxxxxx) Last First Middle Maiden Name, Previous

**Current Address:** \_\_\_\_\_  
Number and Street City State Zip

Is this a new address? Yes \_\_\_ No \_\_\_

**Telephone:**(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Alternative Email** (non Temple) \_\_\_\_\_ Required

**Last attended:** \_\_\_\_\_ **Enrolling for:** Fall \_\_\_ Spring \_\_\_ Sum I \_\_\_ Sum II \_\_\_ 20 \_\_\_  
Semester/Year

**Campus:** Main \_\_\_ Ambler \_\_\_ Health Sciences \_\_\_ TUJ \_\_\_

**Anticipated Graduation Date** (check one): January \_\_\_ May \_\_\_ August \_\_\_ 20 \_\_\_ not known \_\_\_

Are you currently in military service assigned to active duty at a Pennsylvania Military Installation? Yes \_\_\_ No \_\_\_  
 (If you are the spouse or dependent of a military person assigned to active duty at a Pennsylvania Military Installation please indicate: Spouse \_\_\_ Dependent \_\_\_)

**College/Major/Campus within Temple University in which you plan to enroll now:**

\_\_\_\_\_ (Review [www.temple.edu/bulletin](http://www.temple.edu/bulletin) for Academic Programs)  
College Major/Program Campus

**If this is a CHANGE of College/Major/Campus, please indicate previous program here:**

\_\_\_\_\_ **Dates:** \_\_\_\_\_  
College Major/Program Campus From To

**Note:** If you are changing to another school/college within Temple University or have not enrolled for a considerable length of time, you may be contacted by the new college for an **interview or information session** to verify your qualifications, to ensure your understanding of the **requirements** and to discuss the upcoming registration requirements. Once approved, you will be notified when you are able to register.

**PLEASE NOTE: Re-enrolled/Reinstated students must follow the most current University, Schools/Colleges and major requirements upon their return**

**Approval to return will not be considered until financial, academic and/or medical holds have been cleared; holds must be cleared by the application deadline.**

**Have you attended another institution since your last semester at Temple University?**  
**If so, please complete the following:**

<b>Institution</b>	<b>Dates of enrollment</b>
<b>Institution</b>	<b>Dates of enrollment</b>

**Official transcripts will be required prior to your return. If you have attended more than two school/colleges/universities, please list on a separate page.**

**Briefly explain the reason(s) you have not attended Temple recently. Please note:**

- If you did not attend for health reasons, you may be asked to submit documentation from your health professional verifying that you are medically cleared to return to school.
- If you were facing academic troubles when you last attended Temple, please explain why you now feel that you can successfully resume your academic work.

**ALL APPLICANTS, please read the following and sign:**

I understand that withholding information requested on this application or giving false information may make me ineligible to return to the University or subject to dismissal. With this in mind, I certify that the above statements are correct and complete. I understand the individual colleges may have specific rules regarding my ability to return or how my previous credits apply toward a current Temple degree. I understand that late applications may not be accepted. Temple University reserves the right to request documentary evidence in support of your claim of legal residence. Under penalty of forfeiting my eligibility to return to Temple University, I certify that the entries made on this Statement of Legal Residence are correct and complete.

\_\_\_\_\_  
Student's Signature/Date (Signature unnecessary if form is sent to aac@tuj.temple.edu from Temple student e-mail)

\_\_\_\_\_  
Advisor's Signature/Date

**Office Use Only**

Cum GPA \_\_\_\_\_ Last semester GPA \_\_\_\_\_ Dismissal \_\_\_\_\_ Probation \_\_\_\_\_

Good Standing \_\_\_\_\_

LOA expired \_\_\_\_\_ Academic Forgiveness Petition initiated: \_\_\_\_\_

Change of Residency \_\_\_\_\_ (send form to OUR)

**PENDING:** Transcript needed \_\_\_\_\_ Transfer credit evaluation \_\_\_\_\_ Medical clearance needed \_\_\_\_\_

Interview with advisor needed \_\_\_\_\_ Curriculum review needed \_\_\_\_\_

Must clear financial holds prior to re-enrollment \_\_\_\_\_ Other holds \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ Date: \_\_\_\_\_ Matric term: \_\_\_\_\_ Catalog term: \_\_\_\_\_

**DENIED:** \_\_\_\_\_ Date: \_\_\_\_\_ Referred to: \_\_\_\_\_

Comments: \_\_\_\_\_

Dean's Designee /Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Workflow sent \_\_\_\_\_ Residency form sent \_\_\_\_\_

Please print out and fax your Undergraduate Request to Re-enroll to Temple University to the school in which you plan to enroll. You may also call the school/college Advising office for an alternate submission method if you do not have access to a fax machine. Once your petition is received, you will be notified of your next step.

Academic Advising Center, Temple University Japan Campus

FAX: 03-5441-9811 /Email:tujaac@temple.edu

[http://www.tuj.ac.jp/newsite/main/undergrad/academic\\_advising/index.html](http://www.tuj.ac.jp/newsite/main/undergrad/academic_advising/index.html)