

Return to:
Office of the Registrar
Oregon State University, B102 Kerr Admin. Bldg., Corvallis, Oregon 97331
P 541-737-4331 | F 541-737-8123 | registrars@oregonstate.edu | oregonstate.edu

## Re-admission Application: Undergraduate/Postbacc/Non-Degree

Re-admission is at the same student level/major as previous attendance. Undergraduate degree students wishing to change academic programs must fill out an Undergraduate Change of Academic Program form at <a href="http://registrar.oregonstate.edu/forms">http://registrar.oregonstate.edu/forms</a>.

Deadline: Re-Admission applications must be submitted to the Office of the Registrar two weeks prior to the term re-admission is requested. If you do not matriculate for the term you've indicated that you will return, you will be inactivated and will need to apply for re-admission again. A \$25 processing fee is charged for each request. \* Please allow seven business days for processing. Middle Initial Previous name attended under: \_\_\_\_\_\_ Birth date: \_\_\_\_\_ Current mailing address: City/State/Zip:\_\_\_\_\_\_\_\_Telephone #:\_\_\_\_\_\_ Last attended OSU:\_ \* List in chronological order ALL colleges attended since leaving Oregon State University, including extension and correspondence courses. (*Use additional paper if necessary*.) Check if this does not apply to you (): Name of Institution Location Dates attended (mm/vvvv) Degree \_\_\_\_\_ From \_\_\_\_\_ To\_\_\_\_ \_\_\_\_\_ From \_\_\_\_\_ To\_\_\_\_ \_\_\_\_\_ From \_\_\_\_\_ To\_\_\_\_ In the last seven years, are there any schools where you have been deemed ineligible to return? NO YES – Please state where and explain why (attach additional sheets if necessary): Are you an international student? (✔): ☐ No ☐ Yes – You must contact ISAS, isas.advisor@oregonstate.edu

or 541-737-6310 to be able to enter the US and/or maintain immigration status.



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Are you now on Academic Suspension from OSU? (✔): ☐ No ☐ Yes – Complete a Request for Reinstatement form from the Office of the Registrar.

## Re-admission Application: Undergraduate/Postbacc/Non-Degree (Continued)

Please allow seven business days for processing.

| To determine residency status: Please   | e list in chronological | order where you hav | e been and what you have |
|---|-------------------------|---------------------|--------------------------|
| done since last attending OSU. (Use add | ditional paper if nece  | ssary.)             |                          |

| uone i          | since last t  | ttterrarr      | g ODO. (C     | ose addii | юниі ра                 | per ij nece | ssur y.)   |                               |               |                  |
|-----------------|---------------|----------------|---------------|-----------|-------------------------|-------------|------------|-------------------------------|---------------|------------------|
| Dates (mm/yyyy) |               |                |               | Loca      | Location (City & State) |             |            | Activity (work, school, etc.) |               |                  |
| From _          |               | To _           |               |           |                         |             |            |                               |               |                  |
| From _          |               | To _           |               |           |                         |             |            |                               |               |                  |
| From _          |               | To _           |               |           |                         |             |            |                               |               |                  |
| From _          |               | To _           |               |           |                         |             |            |                               |               |                  |
|                 |               |                |               |           |                         |             |            |                               |               |                  |
| Please          | e deliver th  | <u>is form</u> | in person,    | or mail,  | or scan a               | and email,  | along with | a copy o                      | of your gover | nment-issued ID. |
|                 |               |                |               |           |                         |             |            |                               |               |                  |
| Signature:      |               |                |               |           |                         | Date:       |            |                               |               |                  |
| C               |               |                | gital signatu |           |                         |             |            |                               |               |                  |
| For offi        | ice use only: |                |               |           |                         |             |            |                               |               |                  |
| Lev             | Camp          | Col            | Degr          | Type      | Res                     | Majr        | Mnr        | Opt _                         | Rate          | Adm Dec          |