

Student Re-Entry

Registrar's Office 525 S. Main Street Ada, OH 45810 (419) 772-2024 FAX (419) 772-2627 registrar@onu.edu

This form is to be used by students whose enrollment has lapsed one (1) year or less **and has not taken any coursework at another college/university**. If the period of non-enrollment is longer, student must contact Admissions to re-apply. If a student has been enrolled in another college or university, they must apply through Admissions as a transfer student. *Please note: Pharmacy course of study must be completed in eight (8) years and Law must be completed in five (5) years.*

Students pursuing re-entry to ONU should complete the form below and submit to their dean's office for signature. Dean's offices should then sign the completed form and mail or email the form to the Registrar's Office (registrar@onu.edu and c-simon@onu.edu). The Registrar's Office will then notify all necessary campus offices of the student's re-entry.

| Full NAME: | | | ONU ID # (if known): |
|--|---------------------------|----------------|---|
| Street: | | | Date of Birth: |
| City: | State: | ZIP Code: | Phone Number: |
| Email: | Term of Re-Entry | <i>y</i> : | Graduation Date: |
| MA MAJ MIN OPT CONC (choose one button above) (choose one button above) | JORS, MINORS, OPTIONS, CO | DNCENTRATIONS: | Please list in spaces at left all majors, minors, options and/or concentrations you are pursuing at Ohio Northern University. |

I agree to continue to abide by and be subject to all the terms listed in the Ohio Northern University Computer Account Agreement.

| Student Signature: | | Date | |
|---|------------------|------|--|
| For dismissals or suspensions the Dean of the former College of enrollment must release the student. Please initial the box and date if you approve. | Dean's Initials: | Date | |
| Dean's Signature: | | Date | Processed by Registrar's Office Initials Date |
| Rev. 12/1/2015 | | | |