



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

REACTIVATION TERM AND YEAR

Fall Spring Summer YEAR: 20_____ SFU student number_____

Last name_____ First name_____ Middle name_____

MAILING ADDRESS

Street number and name_____ Apartment number_____

City_____ Province_____ Country_____ Postal Code_____

Telephone, evening ()_____ Telephone, day: ()_____

Email_____

Note: please provide an email address as we will inform you of important admission and enrollment-related information via email.

PROGRAM

If you did not complete all of your former program (e.g. a BA in Arts and Social Sciences), we will reactivate that former program. If you wish to change to another program, the change must be approved by the appropriate faculty or department; see students.sfu.ca/academicadvising/contact_us/sfu_advisors.html for a listing of academic advisors.

If you have completed all of your programs (i.e. graduated), select the faculty for which you are now applying:

- Applied Sciences Arts and Social Sciences Business Communication, Art and Technology Education Environment
- Health Sciences Science

Your new program must be authorized by the appropriate faculty or department (students.sfu.ca/academicadvising/contact_us/sfu_advisors.html). In the meantime, you will be placed in a non-degree program in the Faculty you have indicated above.

RELEASE OF INFORMATION

If you anticipate that a family member, friend or representative will be inquiring on your behalf about your application, and you wish that person to have access to that information, we require your written permission before releasing any personal information.

“For the period from today until the start of the term to which I am applying, I hereby consent to the release of information concerning my application for reactivation to:

Name_____ Relationship to you_____

Signature_____ Date_____

DECLARATION

In signing this form I am confirming I have not taken any course work from another postsecondary institution and was not required to withdraw nor am I on extended withdrawal from Simon Fraser University. I certify that all statements on this application are true and complete. I consent to the disclosure of information on this form to other educational institutions when necessary to verify my qualifications. If the authenticity of the information I have submitted cannot be verified, I consent to the notification of this fact to member institutions of the Association of Universities and Colleges of Canada. I understand failure to provide my consent, or any misrepresentation, may result in cancellation of my reactivation status.

Signature_____ Date_____