

UNDERGRADUATE REQUEST FOR REACTIVATION OF GRADUATION

Name:(Last, First MI) _____ Campus ID Number _____
 Address _____ Anticipated Graduation Date _____
 Email _____ Phone Number _____
 Birthdate _____
 Other name(s) that may appear on your record: _____

Note: All communication regarding your graduation application will be via e-mail.

Degree/Major: _____ Catalog Year: _____
 2nd Major/Minor: _____ Catalog Year: _____
 What was your last semester at CSULB before your break in attendance? _____
 Did you file a "Request to Graduate"? NO YES
 Did you take the Writing Proficiency Exam? NO YES If YES, what was the Exam date? _____

List all colleges and universities you have attended (begin with the last institution attended). Attach a separate sheet if you need more space. Official transcripts from all schools listed must be submitted. (Exception: If your break in attendance from CSULB was less than three years ago, you need only submit those transcripts that contain work completed during your break in attendance.)

School Name	From (Month/Year)	To (Month/Year)

Comments:

The lack of any documentation (including transcripts) required for reactivation will result in this request being voided. By signing this document student indicates they have read all reactivation procedures. *Note: Fees are non-refundable.*

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY MAJOR DEPARTMENT

The department has discussed reactivation with the above student and approves them for graduation. The student has been provided with a signed and official program planner in a sealed envelope.

Signature of Department Chair or Advisor: _____ **Date:** _____