

UNDERGRADUATE REQUEST FOR REACTIVATION OF GRADUATION

Processing Fee: \$10

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

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

Degree/Major: _____
 2nd Major/Minor: _____
 What was your last semester at CSULB before your break in attendance? _____
 Did you previously file a "Request to Graduate"? NO YES

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 may be required.

School Name		

Explanation for Requesting Reactivation:

The lack of any documentation (including transcripts) and fee required for reactivation will result in this request being voided. The processing fee is non-refundable. By signing this document, the student indicates he/she has read the reactivation procedures and understands that this request will result in a degree audit; the student may be required to reapply to the University if additional enrollment is needed.

Student Signature: _____

Date: _____

Office of Enrollment Services

Date: _____	ES Staff: _____	Fee: <input type="checkbox"/> \$10
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