

**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: \_\_\_\_\_  
 2<sup>nd</sup> 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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