



Request for Re-Enrollment in Coursework

STUDENT INFORMATION			
Student Name:		Student ID Number:	
Address: Street, City, State, Zip		Track:	

RE-ENROLLMENT INFORMATION

I, the undersigned, request re-enrollment beginning with the following Term/Year:

Following an approved leave of absence, students must submit a Request for Re-Enrollment to the Registrar's Office at least six (6) weeks prior to the quarter of re-enrollment.

Fax Number: 805.565.3804 or email registrar@pacifica.edu

Re-entering students must be in good financial standing, have returned any overdue library materials, and are required to meet all curricular degree requirements of their original degree plan.

Students must follow the academic plan developed by the program administrator/student affairs coordinator.

Re-enrolling students need to contact Guest Services (GuestServices@pacifica.edu) and the Financial Aid Office (financialaid@pacifica.edu, if applicable).

Term	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Winter	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

<p>For Office Use: Academic Plan: _____</p> <p>No Overdue Library Materials _____</p> <p>My.pacifica accounts: _____</p> <p>Good Financial Standing: _____</p> <p>Good Academic Standing: _____</p> <p>Emailed Registration Letter _____</p> <p>Updated Year/Term to Enrolled _____</p> <p>Updated Track Re-enrolling Into _____</p>	<p>Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student _____ Date _____ <input type="checkbox"/> I certify that my typed name is my authorized signature</p> <p>_____ Registrar _____ Date _____</p> <p>_____ Student Accounts Office _____ Date _____</p> <p>cc: Program Administrator _____ G.S. _____ Library _____</p> <p>Revised 8/2023</p>
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