



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 degree. **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: _____ No Overdue Library Materials _____ My.pacifica accounts: _____ Good Financial Standing: _____ Good Academic Standing: _____ Emailed Registration Letter _____ Updated Year/Term to Enrolled _____ 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 <input type="checkbox"/> I certify that my typed name is my authorized signature Date _____</p> <p>_____ Registrar Date _____</p> <p>_____ Student Accounts Office Date _____</p> <p>cc: Program Administrator _____ G.S. _____ Library _____</p> <p>Revised 8/2024 RO rcvd date: _____</p>
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