PACIFICA GRADUATE INSTITUTE

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.
Email this form to 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
☐ Fall	_____
☐ Winter	_____
☐ Spring	_____
☐ Summer	_____

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 _____

Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.

_____ _____
Student Date
☐ I certify that my typed name is my authorized signature

_____ _____
Registrar Date

_____ _____
Student Accounts Office Date

cc: Program Administrator _____ G.S. _____ Library _____

Revised 8/2026 RO rcvd date: _____