

REQUEST TO REACTIVATE RETURNING STUDENTS

Family Name: First Name

Dates of attendance at HU:

From To

Semester and year for which reactivation is requested:

Semester Year

Major field of study at the time of leaving

Major intended upon returning

Reason for leaving the University

.....

Activities Since Having Left The University:

Were you employed in any job during this time?

Yes No

If yes, please present a statement from your employer certifying your position, and kind of work.

If no, indicate how you spent your time:

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Home address:

..... Phone Number:

Mailing address:

P.O.Box City Country

Date Received: Received By: