

UNIVERSITY OF OREGON UNDERGRADUATE REENROLLMENT APPLICATION

Complete this form if you are a formally admitted undergraduate student or a post-baccalaureate student who has been away from the University three or more terms (not including summer sessions). Submit this form one full term in advance of your return so you may register at your scheduled priority registration time. Return this form to: Office of the Registrar 5257 University of Oregon, Eugene, OR 97403-5257. IF YOU ARE AN INTERNATIONAL STUDENT, contact the Office of International Programs <http://oip.uoregon.edu/> regarding necessary immigration documents. To find your registration time and other information about registration, visit the Office of the Registrar homepage at <http://registrar.uoregon.edu/>.

Last name _____ First name _____ Middle name _____

Previous name(s) _____ Student ID _____ Date of birth _____

Mailing address _____ Permanent address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

E-mail _____ Last term you attended UO _____

List all the cities you have lived since you last attended the UO and the length of time you lived in each city:

REENROLLMENT TERM (check one term only)

Fall 20 _____
 Winter 20 _____
 Spring 20 _____
 Summer 20 _____

RESIDENCY CLASSIFICATION

Oregon State System of Higher Education Administrative Rules stipulate that students who last attended as non-residents or who were residents, but subsequently left the state, will be classified as non-residents for tuition purposes. If you wish a review of your non-Oregon residency classification, submit a Residence Information Affidavit. This form can be obtained from the UO Office of Admissions or from the following website: http://www.ous.edu/enroll_svcs_home.html.

OTHER COLLEGES ATTENDED

If you attended another college or university since you last attended the UO, you are required to submit official transcripts from each institution to the UO Office of the Registrar. Failure to do so may result in the cancellation of your re-admission or registration. Transfer credit earned will affect your registration time, degree audit and graduation.

STUDY ABROAD

List all **non-UO** study abroad programs you have participated in since you last attended the UO.

College	Country	Dates of attendance
_____	_____	_____
_____	_____	_____

I certify that, to the best of my knowledge, all information given on this application is correct and complete.

Signature _____ Date _____

FOR REGISTRAR'S OFFICE USE

Address <input type="checkbox"/>	Hold <input type="checkbox"/>	Acad standing <input type="checkbox"/>	Major <input type="checkbox"/>	Last att <input type="checkbox"/>	SGASTDN <input type="checkbox"/>	RegP <input type="checkbox"/>	Letter <input type="checkbox"/>	By/Date
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