

University of Oregon Undergraduate Reenrollment Application

Complete this form if you are a formally admitted undergraduate or Post-baccalaureate student who has been away from the University four or more terms (not including summer sessions) and you have not received a Bachelor's degree from another institution. If you are an international student, contact the Office of International Programs (<http://international.uoregon.edu/>) regarding immigration documents.

Return to:
Office of the Registrar
220 Oregon Hall
5257 University of Oregon
Eugene, OR 97403-5257
Phone: (541)-346-2935
Fax: (541)-346-6682

Name: _____ UO ID Number: _____
Last First MI

Previous name(s): _____

Mailing Address: _____
Street Apt./Suite No. City State Zip

Permanent Address: _____
Street Apt./Suite No. City State Zip

Email: _____ Phone: () _____

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 to review 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/stucoun/prospstu/files/ResidenceAffidavit.pdf>.

List all the states/countries you've lived in (including Oregon) since attending the UO and the length of time lived in each one by date: _____

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, degree audit and graduation. To find your registration time and other information about registration, visit the Office of the Registrar homepage at <http://registrar.uoregon.edu/>.

Reenrollment Term: check one term

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

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

Signature: _____ Date: _____

OFFICE USE ONLY

Address <input type="checkbox"/>	Holds <input type="checkbox"/>	Academic Standing <input type="checkbox"/>	Major <input type="checkbox"/>	Last Att <input type="checkbox"/>	SGASTDN <input type="checkbox"/>	SAAADMS <input type="checkbox"/>	Letter <input type="checkbox"/>
----------------------------------	--------------------------------	--	--------------------------------	-----------------------------------	----------------------------------	----------------------------------	---------------------------------

Comments:

Received By: _____ Date: _____