



GEORGETOWN UNIVERSITY
School of Continuing Studies

Office of Academic Affairs & Compliance
School of Continuing Studies
Georgetown University
640 Massachusetts Ave., NW
Washington, DC 20001
Fax: 202-784-7235
scsoaac@georgetown.edu

Re-Enrollment Request Form

This re-enrollment request form must be completed by degree candidates who withdrew or were withdrawn for failure to register for courses and now desire to resume their previous studies. However, if any of the terms outlined in the SCS Student Handbooks for which re-application apply, this form should not be used. Please note the following:

- Prior acceptance to a program in SCS does not guarantee future acceptance to that same or another program.
- Time limits to degree completion (from original admission): Bachelor’s degree candidates have 5 years, Professional Studies degree candidates have 5 years, Graduate Liberal Studies degree candidates have 7 years.
- All non-U.S. citizens must work with OIP for all immigration documentation needs. Re-enrollment in an academic program does not guarantee the conferral of visa status.
- Return this form together with your essay no later than **two weeks** prior to the start of courses in the requested re-enrollment term. Any form for re-enrollment received after this deadline will not be considered.

Personal Information

| | | | |
|-------------------------------------|--------|----------------------|----------------|
| Name (last, first, middle initial): | | GU NetID: | GU Student ID: |
| Permanent Home Address: | | | |
| City: | State: | Zip: | Country: |
| Non-Georgetown Email Address: | | Former Name(s): | |
| Primary Telephone: | | Secondary Telephone: | |
| Country of Citizenship: | | | |

Matriculation & Academic Standing Information

| | | |
|--|--|---|
| Term Admitted Spring * Summer * Fall, Year: _____ | Last Term Enrolled Spring * Summer * Fall, Year: _____ | Requested Term of Re-Enrollment Spring * Summer * Fall, Year: _____ |
| Academic Program and Department _____ | | |
| Number of credits earned to date _____ | | |
| Were you in good academic standing when you left your studies? () Yes () No Last cumulative GPA _____ | | |
| Have you attended any college or university since the last enrolled term at G.U.? () Yes () No <input type="checkbox"/> If yes, you must re-apply to the School of Continuing Studies. | | |
| Have you ever been suspended or dismissed or received a leave of absence from G.U. or any other institution of higher education for any reason? () Yes () No If yes, please attach an explanation. | | |
| Essay: Please attach a separate document briefly explaining the reasons you left your studies, why you are returning, and how you know that you are now prepared to successfully resume your studies. | | |

I certify all information on this form is complete and true, and I meet the conditions that make me eligible to request re-enrollment.

Student Signature

Date

Associate Dean Signature

Date

Academic Affairs & Compliance Signature

Date