University of Sioux Falls

Student Reactivate Application

(For all students who have withdrawn during a semester or sat out for a semester or more)

This application will become part of your permanent file at USF.

Name: _____
Last First M.I.

Current Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone (_____)_____ **E-Mail** _____

Social Security # _____ - _____ - _____ **Date of Birth** _____/_____/_____

Semester you left USF _____ **Semester you wish to return to USF**_____

Intended College Major _____ **Preferred Advisor** _____

List all post-high school institutions attended since leaving USF (with the most recent first):

NOTE: You must request official transcripts be sent to the USF Registrar's Office from each institution before you will be allowed to register or receive financial aid from the University of Sioux Falls.

College/University	Dates Attended	Cum. GPA	Cum. Credit Hours	Transcript Requested
				☐ Yes – Date_____
				☐ Yes – Date_____
				☐ Yes – Date_____

Housing Plans: ☐ Residence Hall (USF) ☐ With Spouse/Parents ☐ Off-Campus

Will you be applying for Financial Aid? ☐ Yes ☐ No **Will you be:** ☐ Part-Time ☐ Full-Time

(FT = 12 + credit hours)

I hereby affirm that the information contained on this application is correct and complete.

Signature: _____ Date: _____

Please submit your online application to registrar@usiouxfalls.edu

Submit

FOR OFFICE USE ONLY:

	Contact Date	Reply Date	Comments
Financial Aid Office	_____	_____	_____
Student Accounts Office	_____	_____	_____
Registrar's Office	_____	_____	_____
Student Services Office	_____	_____	_____

Student ID Number _____ Semester Left_____ CGPA_____ Cohort Y/N_____