

## Request to Re-Activate Student Record

**Please Read Carefully:** The "Request to Re-activate Student Record" form is to be completed by all degree students who have obtained standing in the John H. Daniels Faculty of Architecture, Landscape, and Design, but who have not registered in the Faculty during either of the two sessions preceding the one for which they request re-registration.\* There is a fee of \$25 to be paid in cash or with certified bank cheque to the Daniels Office of the Registrar and Student Services (ORSS). Non-degree students (*i.e. students who have graduated with an HBA from Daniels*) must also request to re-activate their student record in each session in which they are intending to enroll in additional courses.

*\*e.g., Students who did not register for either the 2018 Summer Session or the 2018-19 Fall-Winter Session will be required to complete a "Request to Re-Activate Student Record" form for the 2019 Summer Session.*

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Former Name\*: \_\_\_\_\_ Student Number: \_\_\_\_\_

*\*If you have changed your name since last registration, please complete a Change of Name form*

### Mailing Address

*All mail will be sent to this address*

### Permanent Address

*For archival purposes only*

Street \_\_\_\_\_ Apt \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Country of c/o information \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status\*\*:  Single  Married  Other

Country of Citizenship: \_\_\_\_\_

*\*\*If your marital status has changed since your last registration, you must provide documentation.*



Status in Canada\*\*\*:     Canadian Citizen         Permanent Resident     Visa     Other

\*\*\* If your status in Canada has changed since your last registration, you must provide documentation

Date of entry into Canada: \_\_\_\_\_  
(if applicable)

When do you wish to enroll in classes:                      Year \_\_\_\_\_

May (5)             September (9)     January (1)

When was your last registration in the Faculty:                      Year \_\_\_\_\_

May (5)             September (9)     January (1)

Have you already received a degree from this institution?     Yes     No

List any other institutions attended since your last registration in the John H. Daniels Faculty of Architecture, Landscape, and Design.

Name of Institution	Was a degree conferred?	Dates Attended (From – To)	Do you intend to apply for transfer credit?

I hereby certify that all statements on this application are correct and complete. I understand that otherwise my re-registration in the Faculty may be rescinded.

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Student's Signature

Date