

Request to Re-Activate Student Record

Please Read Carefully: The “Request to Re-activate Student Record” form is to be completed by all degree candidates and special 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).

e.g., Students who did not register for either the 2017 Summer Session or the 2017-18 Fall-Winter Session will be required to complete a “Request to Re-Activate Student Record” form for the 2018 Summer Session.

Surname: _____ Given Names: _____

Former Name*: _____

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

Social Insurance Number: _____ Student Number: _____

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

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

Country of Citizenship: _____



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 I understand that otherwise my re-registration in the Faculty may be rescinded.

Student's Signature

Date