

Enrollment Services
Reenrollment Form - SHP

Please note that this form is for students who are currently on an approved Leave of Absence.

Effective Date: _____ Reenrollment Period: _____ Semester _____ Year: _____ Year (YYYY)

Student Name: _____ Student ID#: _____
Last First Middle Please enter all 9 digits

Department: _____

Name(s) at time of previous attendance: _____
(if different from above)

Permanent Home Address: _____
(Number & Street / Apt # or PO Box, City, State & Zip)

Current Mailing Address: _____
(Number & Street / Apt # or PO Box, City, State & Zip)
(Please note students are still responsible to update their address and/or personal information in MyStar)

UTMB Email Address: _____
(Please note that UTMB email addresses are the preferred method of communication with students)

Phone Numbers: _____
Home Cell Work

Anticipated Graduation Term from UTMB: _____
Semester & Year

List all college level institutions in which you have been enrolled since your last term enrolled at UTMB. List each institution, whether or not credit was earned. Begin list with most recent institution. (Official transcripts must be submitted from each previously attended institution.)

INSTITUTION	CITY CAMPUS	STATE COUNTRY	YEARS ATTENDED	DEGREE RECEIVED

I hereby certify that, to the best of my knowledge, all of the information furnished in this application is true and complete. I understand that if it is found to be otherwise, this fact is sufficient for rejection, withdrawal of admission or dismissal.

By checking this box, I certify that the information provided in this form is correct and true.

Typed Full Name (Acts as Document Signature)

Department Chair Signature Date Associate Dean for Academic & Student Affairs Date

This form can be submitted by saving the form to your computer and then submitting the form as attachment in an email to your department for approval.