



Crandall University

Reactivation Form

Community

Students at Crandall University are encouraged to make responsible decisions about their lifestyles and beliefs. At the same time, they are part of a Christian community which includes certain expectations regarding the way in which we live our lives together – expectations which are academic, social and personal. Students are required to attend chapel, two per week, and are encouraged to participate in community activities aimed at promoting personal growth. Additional information on community life standards are available in Crandall University's Student Handbook or from the Student Development Department.

Personal Information

LAST NAME (FAMILY NAME)	FIRST NAME (GIVEN NAME)	MAIDEN NAME	
PERMANENT ADDRESS	CITY/TOWN	PROVINCE/STATE	POSTAL/ZIP CODE
EMAIL ADDRESS	HOME PHONE NUMBER ()	CELL PHONE NUMBER ()	

Academic Information

YEAR OF LAST ATTENDANCE AT CRANDALL _____

HAVE YOU ATTENDED ANOTHER ACADEMIC INSTITUTION SINCE YOU LAST ATTENDED CRANDALL? No Yes

IF YES, NAME OF INSTITUTION(S) _____

YEAR OF ATTENDANCE _____

AN OFFICIAL COPY OF TRANSCRIPT(S) MUST BE PROVIDED TO THE ADMISSIONS OFFICE PRIOR TO REGISTRATION.

Intended Registration (Select One)

RESUME PREVIOUS UNDERGRADUATE PROGRAM. INDICATE PREVIOUS PROGRAM: _____

UNDERGRADUATE NON-DEGREE

ENTER A NEW UNDERGRADUATE PROGRAM - THE ADMISSIONS OFFICE WILL ASSESS YOUR FILE BEFORE APPROVAL IS GRANTED.

INDICATE INTENDED PROGRAM OF STUDY _____

Agreement

If you are reactivating your file following academic dismissal, you must submit a Letter of Intent to return with this form. This will be reviewed by the Academic Council before readmission is granted. The Letter must detail the reasons for your past academic performance, why you feel ready to return to study, and the steps you will take to succeed academically.

Date: _____ Registrar's Signature: _____

By signing and submitting this form, I certify that the information above is complete and accurately represents my personal and academic background. If readmitted to Crandall University, I agree to abide by all regulations of the University as outlined in the Academic Calendar and the Student Handbook.

Signature of Applicant: _____ Date: _____

FOR ADDITIONAL INFORMATION:

CRANDALL UNIVERSITY ADMISSIONS OFFICE
 BOX 6004
 MONCTON, NEW BRUNSWICK,
 E1C 9L7

TOLL FREE: 1-888-968-6228
 OFFICE: (506) 858-8970
 FAX: (506) 863-6460
 WWW.CRANDALLU.CA



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