

**Northern Illinois University  
The Graduate School  
Reentry Request Form**

The purpose of the reentry request form is to ensure that your biographical and demographic information is up-to-date.

Any student-at-large who previously enrolled but who has not for 12 months or more registered for courses must complete this form. Any student admitted to a degree-seeking program who previously enrolled but who has not for 12 months or more registered for courses must complete this form and secure program approval to re-enter. Students approved for re-entry will be returned to their previous program or status.

**Term/year for which you are applying to reenter**    \_\_\_Fall    \_\_\_Spring    \_\_\_Summer    \_\_\_\_\_  
Year

**Student** \_\_\_\_\_ **Campus ID** \_\_\_\_\_  
Last                                  First                                  Middle

**Former last name, if any** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Current Mailing Address**

\_\_\_\_\_  
Street                                  City                                  County/Province                                  State                                  ZIP

**Status when last enrolled:**                  SAL                  Degree-seeking

**List the institutions of higher learning that you have attended since you last enrolled at NIU:**

\_\_\_\_\_  
**Have you applied any credits earned at the institution(s) listed above to a degree awarded by another institution?**                  Yes                  No

**Will you apply any credits earned at the institution(s) listed above to a degree you will pursue at NIU?**                  Yes                  No

**If you are not a U.S. citizen complete this section:**

**Country of citizenship** \_\_\_\_\_ **Type of Visa** \_\_\_\_\_ **Alien Registration number** \_\_\_\_\_

I understand that withholding information required on this form or providing false information may make me ineligible for enrollment at the university or subject to dismissal. I certify that the statements I have made on this form are correct and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Departmental Approval (degree-seeking students only)**

The faculty in the student's program is willing to re-admit the above named student. In consultation with the student, a plan has been established to ensure that the student makes progress toward degree.

\_\_\_\_\_  
**Signature of the Chair/Director of Graduate Studies**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chair / Director Printed Name**