The undergraduate re-admission/re-activation form must be submitted to the concerned Faculty Dean’s Office/Student Section at least one month prior to the beginning of the semester or summer session to which re-admission/re-activation is sought.

Undergraduate students in good standing who withdrew voluntarily shall be granted automatic reactivation approval to their former Faculty/School if the period between the end of the semester or session of withdrawal and the beginning of the semester or session for which reactivation is sought is not more than four regular semesters.

Undergraduate students who were on probation when they withdrew from the University or who left the University for more than two years must receive readmission approval from the undergraduate admissions committee of their faculty/school.

Requirements
1. Transcript of records and any relevant documents.
2. Statement explaining reasons for interruption of studies and how time was spent during the period while away from AUB.

ID number: __________________________  E-mail: __________________________  Mobile: __________________________
Last name: __________________________  First name: __________________________  PO Box No.: __________________________
Faculty: __________________________  Major: __________________________  Class: __________________________
First term enrolled as grad:  □ Fall  □ Spring  □ Summer  Academic year: _______ / _______
Last term enrolled:  □ Fall  □ Spring  □ Summer  Academic year: _______ / _______
Term for re-enrollment:  □ Fall  □ Spring  □ Summer  Academic year: _______ / _______
Signature of Student: __________________________  Date: __________________________
Recommendation of chairperson / coordinator (If residency extension is needed, please indicate):
Comments: __________________________

Academic advisor (To be filled by the chairperson /coordinator): __________________________
Chairperson’s name: __________________________
Chairperson’s signature: __________________________  Date: __________________________
Recommendation of chairperson/coordinator dept. of double major: __________________________
Name of double major/academic adviser: __________________________
Signature of chairperson/coordinator: __________________________  Date: __________________________

Faculty / School Decision  □ Approved  □ Rejected
Comments: __________________________

Signature: __________________________  Date: __________________________

To be filled by the Registrar’s Office only

Received by: __________________________  Date: __________________________
Implemented by: __________________________  Date: __________________________
Referred to: __________________________  Date: __________________________