



Reenrollment Request

After obtaining appropriate approvals, please return this form to: Office of the Registrar, Rowley Hall

Fax: (703) 516-4505

registrar@marymount.edu

Today's Date: _____

Name: _____

Student ID: _____

MU Email: _____@marymount.edu

Phone Number: _____

- | | | |
|--|-------|----|
| 1. Were you dismissed from Marymount University for academic reasons? * | Yes | No |
| 2. Were you suspended or dismissed from Marymount University for non-academic reasons? ** | Yes | No |
| 3. Have you earned credit during your absence? | Yes | No |
| a. If yes above, how many credits did you earn? | _____ | |
| 4. Were you an international student in F-1 or J-1 status when last enrolled? *** | Yes | No |
| 5. Are you requesting to follow the program requirements in place when you were originally admitted? | Yes | No |
| 6. What is the last semester you were enrolled? | _____ | |

* If the answer to question 1 is Yes, you must re-apply to the university.

I request reenrollment to Marymount University.

Signature

Date

Office of the Dean of Students, Equity and Inclusion Approval
(** approval required if Yes for question 2)

Date

International Student & Scholar Services Approval
(*** approval required if Yes for question 4)

Date

Catalog Year

College Approval
(this form cannot be processed without this signature)

Date

OFFICE USE ONLY:
Processed by _____
Date _____