

Request for Student Reactivation

Section A: To Be Completed by Student.	
Name:	Student Number:
Phone:	Email:
Declaration Information:	
	nother university/college, your reactivation may not be approved.
You may have to seek reapplication through the Admission	
Tournay have to seek reapplication through the <u>Harmosto</u>	ms Office.
Has it been less than 10 years since your last term of regi	stration? Yes No
Since your last registration in this Faculty, have you regist	tered at another university/college? Yes No
If Yes, indicate which institution you attended:	
State which program or course type you were e	enrolled in:
Diagon indicate which tarm you want to return to studies	
Please indicate which term you want to return to studies Fall Term 20	
Fall Term 20	Winter Term 20 Summer Term 20
- ,	ations* for vour degree program? Yes No
*See the Faculty of Arts, Faculty Academic Regulations se I hereby verify that the information I have provided is to	ection of the <u>Academic Calendar</u> for details.
I hereby verify that the information I have provided is to	rue and correct.
	ection of the <u>Academic Calendar</u> for details.
I hereby verify that the information I have provided is to Student Signature:	rue and correct.
I hereby verify that the information I have provided is to Student Signature:	rue and correct. Date:
I hereby verify that the information I have provided is to Student Signature: (Please print/type name) We can accept this form via email, mail, or in-person:	rue and correct. Date: The UofM will only use your secure university email address for
I hereby verify that the information I have provided is to Student Signature: (Please print/type name) We can accept this form via email, mail, or in-person: Faculty of Arts Student Services	The UofM will only use your secure university email address for official communications. If you need assistance accessing your
I hereby verify that the information I have provided is to Student Signature: (Please print/type name) We can accept this form via email, mail, or in-person:	rue and correct. Date: The UofM will only use your secure university email address for
I hereby verify that the information I have provided is to Student Signature: (Please print/type name) We can accept this form via email, mail, or in-person: Faculty of Arts Student Services 134 Fletcher Argue Building University of Manitoba	The UofM will only use your secure university email address for official communications. If you need assistance accessing your email, contact: IST Service Desk - Fort Garry 123 Fletcher Argue Building
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I hereby verify that the information I have provided is to Student Signature: (Please print/type name) We can accept this form via email, mail, or in-person: Faculty of Arts Student Services 134 Fletcher Argue Building University of Manitoba Winnipeg, MB Canada R3T 5V5 Phone: 204-474-9100 Email: Arts_Inquiry@umanitoba.ca	The UofM will only use your secure university email address for official communications. If you need assistance accessing your email, contact: IST Service Desk - Fort Garry 123 Fletcher Argue Building 204-474-8600
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This document is available in an alternate format upon request, please contact arts.inquiry@umanitoba.ca.