



Undergraduate Academic Affairs  
College of Humanities and Social Sciences

RE-ENROLLMENT REQUEST FORM

OFFICE USE ONLY

Mr/Ms: \_\_\_\_\_

G#: \_\_\_\_\_

Address: \_\_\_\_\_

GMU email: \_\_\_\_\_

Official correspondence may be sent to this address.

\_\_\_\_\_  
City State Zip

Telephone: if yes, we will leave a detailed message on voice mail  
Home ( ) \_\_\_\_\_ Message? yes/no  
Cell/Work ( ) \_\_\_\_\_ Message? yes/no

Major: \_\_\_\_\_

State your specific request and the details you wish the Dean to consider. Note that any required documentation must be provided within 30 days of receipt of your request to the Undergraduate Academic Affairs Office. **After 30 days, the request will be filed without review.**

Were you on academic suspension when you left George Mason University? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, skip the course selection section below, and provide a completed Academic Advisor Approval Form along with this form.

If no, then please complete the course selection section below.

Please list your proposed schedule in the space provided below

Course Title and Number	Section Number	Repeat or New Course

Please submit a Re-enrollment Application along with this form. The form can be found at the following location  
<http://registrar.gmu.edu/wp-content/uploads/UGRE.pdf>

**Read and Sign:** I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



## UNDERGRADUATE Re-enrollment Application

- To be completed by Undergraduate students who have missed one or more consecutive semesters at Mason.
- Students who re-enroll must meet catalog/degree requirements that are in place at that time of re-enrollment.

G# or SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I. Previous NameAddress: \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Semester of Re-enrollment: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

**Please circle the appropriate answers to the following questions:**

1. Were you on academic suspension when you left George Mason University? **Yes No**
2. Is your cumulative GPA less than 2.0? **Yes No**
3. Are you changing your major? **Yes No** If yes, a Change/Declaration of Academic Program form must be attached.
4. Have more than 2 years passed since your last graded (including Withdrawals) semester? **Yes No**
5. Have you earned credit or a degree elsewhere during your absence from George Mason University without receiving permission from the Dean/Director of your school/college? **Yes No**
6. Have you ever been academically dismissed from George Mason University? **Yes No**
7. Have you ever been convicted of a felony? **Yes No**  
If yes, provide the date(s) of any conviction(s) and an explanation for each occurrence on a separate sheet of paper.
8. Have you ever been suspended or dismissed from another college/university for non-academic reasons? **Yes No**  
If yes, provide an explanation for each occurrence on a separate sheet of paper.
9. When last enrolled at George Mason University, were you an international student in F-1 or J-1 status? **Yes No**
10. Has your immigration status changed since your last enrollment? **Yes No**
11. Do you need an I-20 or DS-2019 form for F-1 or J-1 status? **Yes No**
  - **If you answered no to all of the questions above, your re-enrollment will be processed by the Registrar's Office.**
  - **If you answered yes to questions 1 or 2, take this form to your Dean for approval, then submit it to the Registrar's Office for processing.**
  - **If you answered yes to questions 4, 5 or 6, you MUST REAPPLY to Mason. (admissions.gmu.edu)**
  - **If you answered yes to questions 7 or 8 this application will be reviewed by the Admissions Office.**
  - **If you answered yes to questions 9, 10 or 11, please contact the Office of International Programs and Services for assistance. Students who require immigration documents from the University will be required to provide documentation of financial support as required by law.**
  - **BIS and NURS majors, your Department Chair must approve this form before it is processed.**

*Failure to provide complete, accurate, and true information may result in dis-enrollment from the University and a referral to the Dean of Students.*

Advisor Approval (required): \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_

Admissions Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_

BIS/NURS Approval (if required): \_\_\_\_\_ Date: \_\_\_\_\_

- I certify that all information given on this application is complete, correct, and true. I will read and accept responsibility for the George Mason University Honor Code if I am approved for re-enrollment or re-admission.
- I understand that, if I am a Virginia resident, I **must** fill out the Application for In-State Tuition rates which is attached to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOGGING INTO PATRIOT WEB**

Do you know your GNumber and 6 digit PIN?	First Step	Next Steps
Yes	Visit <a href="http://password.gmu.edu">password.gmu.edu</a> .	Choose option one to activate your Patriot Pass account and retrieve your NetID. Follow the steps required. Please contact ITU at (703) 993-8870 if you have any difficulties using the password site.
No	Fill out the information below and fax the form to us with a copy of a valid photo id.	Visit <a href="http://password.gmu.edu">password.gmu.edu</a> after we confirm, <b>via e-mail</b> , that your claim code has set. Please contact ITU at (703) 993-8870 if you have any difficulties using the password site.

Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*
*Previous Name*

Daytime Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**\*A COPY OF A PHOTO ID MUST BE SUBMITTED WITH THIS REQUEST\***

GNumber or SSN: \_\_\_\_\_

**PLEASE CREATE & ENTER A SIX DIGIT CLAIM CODE HERE:**

\_\_\_\_ \_  
*This code may be any six numbers of your choice — you will use it later to temporarily access your account.*

I acknowledge and understand that by signing this document, I am the person I claim to be and agree that all information submitted within is correct and accurate. In addition, I acknowledge and understand that I am required to comply with all applicable federal, state, and George Mason University policies, procedures, and regulations regarding the use of George Mason University computing systems. Failure to comply with such policies, procedures, and regulations may result in a loss of access to computing resources and George Mason University may seek legal remedies. Furthermore, I agree that I will only access those data that are related specifically to my personal records and that I will not share or disclose my account with others.

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

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

**Note: Students who have requested their records be coded "Private" must mail in a notarized access request (original only) or make their request in person with a photo ID. A faxed request is not acceptable.**

**MAIL/FAX THIS FORM WITH A COPY OF YOUR PHOTO ID (MASON ID, DRIVERS LICENSE, OR PASSPORT) TO:**

The Office of the Registrar  
 4400 University Drive  
 MS 3D1  
 Fairfax, VA 22030  
 (703) 993-4668 fax  
 (703) 993-2441 phone  
[records@gmu.edu](mailto:records@gmu.edu)

Please retain a copy of this form for your records.

# Application for In-State Tuition Rates

George Mason University, 4400 University Drive MSN 3D1, Fairfax, VA 22030 - Phone: 703-993-2441 - Fax: 703-993-4668

This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23-7.4, Code of Virginia. Section A must be completed by the applicant. Section B of this form must be completed by the parent, spouse, or legal guardian. Supporting documents and additional information may be requested. Admitted students who register for classes while in pending domicile status will be assessed out-of-state tuition rates.

## Section A - Applicant

- 1) Will you apply for Virginia in-state tuition rates? If yes, VA In State Tuition form must be completed. Yes  No

**NOTE: Answering "No" to this question will automatically result in out-of-state tuition classification.**

- 2) Name of Applicant \_\_\_\_\_

- 3) Social Security No. (requested) \_\_\_\_\_ 4) Date of Birth \_\_\_\_\_

- 5) Citizenship Status US  Permanent Resident  Non-US Citizen, Nonperm. Resident

Do you have a pending Permanent Resident Status? Yes  No

If yes, please provide the date of application for Permanent Residence: \_\_\_\_\_

Indicate the type of visa you currently hold: \_\_\_\_\_

Visa Award Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

- 6) How long have you lived in Virginia? Years: \_\_\_\_\_ Months:

- 7) Do you currently live outside of Virginia and still consider yourself to be a Virginia resident? Yes  No

- 8) Have you lived at your current address for less than two years? Yes  No

If you have lived at your current address for less than two years, please provide information for your previous addresses.

From (mo/yr)	To (mo/yr)	Street Address	City	State	Zip
				<input style="width: 100%; height: 20px;" type="text"/>	
				<input style="width: 100%; height: 20px;" type="text"/>	

**Students under the age 24 are presumed to be dependent on a parent, spouse, or legal guardian unless one of the following factors apply:**

- 9) a. Are you age 24 or older? (as of the first day of the term in which you intend to enroll) Yes  No   
 b. Are you a veteran or active duty member of the U.S. armed forces? Yes  No

- c. Are you a ward of the court or were you a ward of the court until age 18? Yes  No
- d. Are both of your parents deceased and you have no adoptive or legal parents? Yes  No
- e. Are you a graduate/professional student? Yes  No
- f. Do you have a legal dependent(s) other than your spouse (e.g., child)? Yes  No
- g. Are you married? Yes  No

10) If you are currently enrolled in a public college or university, please list the school:

---

Are you paying in-state tuition rates? Yes  No

11) Do parents, spouse, or legal guardian(s) provide more than half of your financial support or claim you as a dependant? Yes  No

**If yes, Section B must also be completed by parent, spouse, or legal guardian.**

12) a. For the 12 months prior to the term in which you will enroll, will you have filed a Virginia income tax return or paid income tax on all earned income? Yes  No

b. Are you exempt from filing an income tax return? Yes  No

If no, where did you file a tax return or pay income taxes?

---

13) For the 12 months prior to the term in which you will enroll, have you:

a. been a registered voter in Virginia? Yes  No

b. held a valid Virginia driver's license or Virginia ID card? Yes  No

c. if you own a motor vehicle, had your motor vehicle registered in Virginia? Yes  No

14) Are you an active duty member of the U.S. armed forces? Yes  No

If no, skip to Question 15.

If yes, are Virginia income taxes currently paid on all military income? Yes  No

If yes, provide the Office of Admissions with copies of your military orders and an LES or State of Legal Residence Certificate showing Virginia as your state of legal residence for income tax purposes.

15) Are you a retired military member, who currently resides in VA and resided in VA at the time of your retirement? Yes  No

If yes, provide the Office of Admissions with copies of your military orders and an LES or State of Legal Residence Certificates showing Virginia as your state of legal residence for income tax purposes, provided a copy of your military orders, ID card, and lease/deed.

16) Within the last year have you lived outside of VA but worked in VA and earned at least the equivalent of a full-time minimum wage salary, and paid income taxes to Virginia during the last 12 months? No

**I certify under penalty of disciplinary action that the information I have provided is true.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Section B - Parent, Spouse, or Legal Guardian

**Section B of this form must be completed by the parent, spouse, or legal guardian.**

1) I am the applicant's:      Parent       Legal Guardian       Spouse

Name \_\_\_\_\_

2) Citizenship Status      US       Permanent Resident       Non-US Citizen, Nonperm. Resident

Do you have a pending Permanent Resident Status?    Yes     No

If yes, please provide the date of application for Permanent Residence: \_\_\_\_\_

Indicate the type of visa you currently hold: \_\_\_\_\_

Visa Award Date: \_\_\_\_\_      Visa Expiration Date: \_\_\_\_\_

3) How long have you lived in Virginia?    Years: \_\_\_\_\_      Months: \_\_\_\_\_

4) Do you currently live outside of Virginia and still consider yourself to be a Virginia resident?    Yes     No

5) Current Address:

Street Address	City	State	Zip

Have you lived at your current address for less than two years?      Yes     No

If you have lived at your current address for less than two years, please provide information for your previous addresses.

From (mo/yr)	To (mo/yr)	Street Address	City	State	Zip

6) Do you provide more than half of the financial support for the applicant or claim the applicant as a dependent on your federal and Virginia income tax returns?      Yes     No

7) a. For the 12 months prior to the term in which your dependent will enroll, will you have filed a Virginia income tax return or paid income tax on all earned income?      Yes     No

b. Are you exempt from filing and income tax return?      Yes     No

If no, where did you file a tax return or pay income taxes? \_\_\_\_\_

- 8) For the 12 months prior to the term in which your dependent will enroll, have you:
- a. been a registered voter in Virginia? Yes  No
  - b. held a valid Virginia driver's license or Virginia ID card? Yes  No
  - c. if you own a motor vehicle, had your motor vehicle registered in Virginia? Yes  No

- 9) Are you an active duty member of the U.S. armed forces? Yes  No

If no, skip to Question 10.

- a. Are Virginia income taxes currently paid on all military income? Yes  No

If yes, provide the Office of Admissions with copies of the following documentation: state and federal income taxes and current pay stub.

- b. Is the person who completed Part A of this form your dependent? Yes  No

- c. Are you residing in Virginia with orders to a military base/installation/post in Virginia or a contiguous state? Yes  No

If yes to question 9b and 9c, provide the Office of Admissions with copies of military orders, the dependent ID card, and lease/deed. Deadline is the end of Add Period.

- 10) Are you a retired military member, who currently resides in VA and resided in VA at the time of your retirement? Yes  No

- If yes, do you claim the applicant as a dependent for federal and Virginia income tax purposes? Yes  No

If yes, provide the Office of Admissions with copies of your military orders, LES or State of Legal Residence Certificate showing Virginia as your state of legal residence for income tax purposes, any retirement paperwork, current Virginia driver's license and vehicle registration.

- 11) Within the last year have you lived outside of VA but worked in VA and earned at least the equivalent of a full-time minimum wages salary, and paid income taxes to Virginia during the last 12 months? Yes  No

- If yes, will you have claimed the applicant as a dependent for federal and Virginia income tax purposes during the last 12 months? Yes  No

If yes, provide the Office of Admissions with copies of the following documentation: State and federal income taxes and current pay stub.

**I certify under penalty of disciplinary action that the information I have provided is true.**

Signature of Parent, Spouse, or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

Additional Information

*\*Domicile Administration is part of the Office of the Registrar.*

*\*\*If you have a status change pending, please provide Domicile Administration with a copy of your current & pending status documentation.*

*Please also provide a copy of this form.*