DEFIANCE COLLEGE
To Know ◆ To Lead ◆ To Serve ◆ To Understand

Re-Enrollment Form

Student SSN: _____ **Date of Birth** _____

Student Name: _____**Student ID** _____

Maiden or other name used while previously enrolled: _____

Current Address: _____

City: _____ **State**: _____ **ZIP**: _____ **County:** _____

Home Phone: _____ **Cell Phone**: _____ **Work Phone**: _____

E-mail address: _____

Employer: _____**Parent/Spouse Name**: _____

Marital Status: Single Married **Student Status**: Full-time Part-time

Major: _____ **When do you wish to return to DC?** _____

Last date you attended DC _____
(month) (year)

Please indicate at which time(s) you will be taking courses: Day Evening Weekend

Please indicate residence when re-enrolled at DC: Campus Home With Relatives

Please indicate if you will be applying for: Veterans Benefits Financial Aid

Please list any colleges you have attended since leaving Defiance College.
You must send official transcripts to the Registrar.

College/University	Dates of Attendance	Good Standing	GPA
_____	_____	Y N	_____
_____	_____	Y N	_____
_____	_____	Y N	_____

For Office Use Only:

Advisor: _____ Date Re-Enroll Completed: _____

Return File to: _____ Date Scheduled:_____ Student given scheduling material: Y N

Please return this form to: Registration Center, Defiance College, 701 N Clinton St, Defiance, OH 43512

Office Hours: 8:00 am to 4:30 pm Monday - Friday **Office Location:** Serrick Center, Room 204

Phone: 419-783-2400 **Fax:** 419-783-2579 **Email:** regcenter@defiance.edu