

Graduate Reactivation

The purpose of this form is to reactivate a previous admission to Old Dominion University. Complete this form and email to gradadmit@ odu.edu.

1. LAST name		2. FIRST name	ė		3. Initial	4. Previous na	me(s) or maide	n name		
5. Student ID #	6. Date of birth (MM-I	DD-YYYY) 7. G	/I F Gender	8. Ema	il address					
9. (Current) Address				10. Apt.	11. City		12. State/Pro	vince		
13. Zip	14. Country			15. Home p	hone number	16. A	ternate (work,	cell) phone		
17. Please indicate all i Institution & city, s	nstitutions you have EVE state	ER attended Date(s) of atte	ndance	Institu	tion & city, state		Date(s)	of attendance		
18. Date of last enrollr	ment at ODU (MM-DD-\	YYYY) 19.	Indicate your	previous pr	rogram of study:					
20. Desired term of re Fall Spring Summer	eadmission 20	21.	If you plan oi	n taking coul	rses at a site OTH	ER THAN MA	IN CAMPUS,	please indicate		
	en academically or non-ac	ademically dismissed fro	om any instit	ution (includ	ing ODU) for any	reason?	Yes	No		
23. [If applicable]Please	e provide name of institu	tion and date of dismiss	al							
24. Are you associated	I with the military? If no,	continue to question 24	1. If yes, pleas	se indicate y	our affiliation (chec	k all that apply):				
		Active Duty	Retired		Spouse	De	pendent			
		Reservist	Veteran		Honorably dis	charged				
I understand that Yes N/A										
	25. It is my responsibili	ty to notify my graduate	e program of	my intentio	ns.					
	26. I must submit all off	. I must submit all official transcripts from institutions attended during my separation to the Office of Graduate Admissions.								
		If my separation has been more than five years , I must reapply and submit ALL transcripts from all institutions I've EVER attended to the Office of Graduate Admissions.								
	Application for In-S	Returning students who have been separated from Old Dominion University for one calendar year or more must complete a new Application for In-State Tuition (Domicile Form) and send it to the Office of the Registrar. Students in this category will be charged the out-of-state tuition rate when returning until the new domicile status is determined.								
Signature of applicant				Print				vate		

I understand that the information in the below section is required. I further understand that, should any of my answers change after I have submitted my application, it is my responsibility to inform the Old Dominion University Office of Admissions immediately. *

I also understand and agree that if I am offered admission to Old Dominion University and choose to enroll, I have a continuing obligation to report to the Office of Student Conduct and Academic Integrity a I :1

- This form must be completed if you are claiming entitlement to in-state tuition benefits pursuant to Section 23-7.4 of the Code of Virginia.
- Supporting documents and additional information may be requested.
- You MUST complete, sign, and submit this form before the first day of classes of the term for which you are applying.
- All questions must be answered. Incomplete/unsigned applications will experience delay in processing.

Name:			
(Last Name, I	First Name, Middle Name or In	nitial)	
Date of Birth:	University ID Number:		Social Security Number:
		(if known)	(optional – for Federal reporting purposes
Email Address:		Daytime Phone:	
CURRENT ADDRESS			
From (mm/yy):	Street Address:		
To (mm/yy)	City, State, Zip		
	Country		
PREVIOUS ADDRESS (Only necessary if you ha	ve lived at your current addres	ss less than two years.)	
From (mm/yy):	Street Address:		
To (mm/yy)	City, State, Zip		

Section B: STUDENT STATUS	
 Will you be age 24 or older before the first day of classes? Are you a veteran of the U.S. Armed Forces? Will you be enrolled in a graduate or professional program (beyond a Bachelor's degree)? Are you married? Are you an orphan or a ward of the court, or were you a ward of the court until age 18? Do you have any legal dependents (other than a spouse)? Did you file an individual Federal tax return last year (no one claimed you as a dependent)? If you answered Yes to any question, go to Section C and complete for yourself. If you answered No to every question STOP sign below and have your parent or legal guardian	Yes No A complete Sections C and D
Section C: RESIDENCY	
Who is completing Section C? Check One: Applicant: Parent Spouse Legal Guardian (please attach proof of legal guardianship) 1. Name: Last First 2. Citizenship: U.S. Non-U.S. If non-U.S., give visa type: Less than 365 days 3. How long have you lived in Virginia? Greater than 365 days Less than 365 days 4. Where have you lived in the last two years? CURRENT ADDRESS From (mm/yy): Street Address: To (mm/yy) City, State, Zip Country PREVIOUS ADDRESS	Middle
(Required if you have lived at your current address less than two years.) From (mm/yy): Street Address:	
Country Country Country Solution by the present intention to remain indefinitely in Virginia? Country Solution by our have filed a tax return and paid income taxes to Virginia during the last 12 months? Do you have a valid Virginia driver's license? If Yes, will you have held that license for the entire 12 months prior to the first day of applicant's classes? Are you a registered Virginia voter? If Yes, will you have been a registered VA voter for the entire 12 months prior to the first day of applicant's country. If Yes, will you have owned this registered in the state of Virginia? If Yes, will you have owned this vehicle for the entire 12 months prior to the first day of applicant's classes? Questions 10 and 11 are for the Parent, Spouse or Legal Guardian Will you have claimed the applicant as a dependent on your federal and Virginia income taxes during the last 11. Will you have provided over half of the applicant's financial support during the last 12 months? Section D: SIGNATURES The applicant must sign below. If Section C has been completed by a parent, spouse or legal guardian the below. To "sign" this document electronically, click the signature field and enter your name and the date form. Using this method is considered the same as your handwritten signature. You may also enter a digone.	Yes No
I certify under penalty of disciplinary action that the information I have provided is true.	
Signature of Applicant (student)	Date
Signature of Parent, Spouse, or Legal Guardian	Date