

SUFFOLK UNIVERSITY
Re-Activation Application
Office of Undergraduate Admission
8 Ashburton Place
Boston, MA 02108
Tel: 617-573-8460 Fax: 617-557-1574
Admission@suffolk.edu

PLEASE READ FIRST: This form is to be filled out by applicants who have previously applied to Suffolk University within one calendar year and never enrolled. If you applied more than a year ago, you will need to submit a new admission application. You do not need to send an application fee with this form. If you have attended another institution, you must have an official transcript sent directly to our office. ***Students who originally applied as a freshman are required to have an official final high school transcript sent.*** Upon receipt of this form, we will notify you if additional information is needed. ***Please note that if you were previously admitted, re-admission is not automatic.***

Name _____
Last First MI Maiden

Social Security Number _____ Date of Birth _____

Mailing Address _____

City State Zip Code Country Until When?

Permanent Address _____

City State Zip Code Country

Telephone (day) _____ Telephone (evening) _____

Email Address _____ Fax _____

Check semester and year you first applied to Suffolk University:

Fall 20____ Spring 20____ Summer 20____

Check the appropriate space for your re-activation request:

Program and Major: College of Arts and Sciences Major _____

School of Management Major _____

Re-activation Semester and Year: Fall 20____ Spring 20____ Summer 20____

Day Evening Full-time Part-time

Campus: Boston Cape Cod Madrid Dakar Dean

Do you plan to apply for financial aid? Yes No *(Your answer to this question will have no effect whatsoever on your admission to Suffolk University)*

Please complete reverse side

Are you an international student? Yes No

If yes, do you have a valid I-20 (student visa) at this time? Yes No

If yes, please submit a copy of your I-20 and a Declaration of Finances.

Housing Preference: Commuter On-Campus Off-Campus

List all colleges you have attended since the time of your original application to Suffolk.

_____ Dates Attended: _____

_____ Dates Attended: _____

If you have not been attending another college, briefly summarize your activities since the time of your original application.

I hereby certify that all information stated on this application is complete and accurate, and understand that falsification or omission of previous schooling will result in disqualification or dismissal.

Signature

Date

Reactivation Checklist:

- Official final high school transcript sent directly from your high school to Suffolk University
- Official college transcript(s) sent directly from your college to Suffolk University
- Declaration of finances (international applicants only)
- Copy of current I20, if applicable (international applicants only)