

Last Name	First Name	M.I.	Social Security Number
Address (include apt. no)			Date of Birth
City	State	Zip Code	Phone Number
Name While Attending Chapman University			Email Address

Do you intend to enroll at Chapman to complete your degree requirements?

Yes _____ If Yes, Semester/Year _____

No _____ If No, Institution you will attend _____

Dates of Attendance at Chapman From _____ To _____

Original Catalog _____ Original Major _____

Original Minor _____ Original Emphasis _____

List all colleges you have attended:	Name	City/State	Dates Attended
Note: Official transcripts are required for any school you attended after leaving Chapman; If you have been absent more than five years official transcripts are required from every school you have attended.	1		
	2		
	3		
	4		
	5		
	6		

Signature _____ Date _____

For Office Use Only

Original Catalog _____ Academic Standing _____

Department Response

Request to return to Chapman University Yes No

Request to return to Original Catalog/Major/Minor Yes No

Dept _____ Department Chair Signature _____ Date _____