

Reactivation Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

Reactivating students are Mount students who were NOT registered during the previous academic year. Depending on the information provided below, your file may be reactivated by the Admissions Office or Registrar's Office.

If you plan to return to or enter a limited enrolment program: BA(CYS), BPR, or BEd degree, you MUST formally apply through the Admissions Office and this form will NOT be accepted.

FEES: To reactivate your Masters degree, a \$50 reactivation payment must accompany this form.

Student ID#	Last Name	First Name(s)		
Apartment/Street	Town/City	Province	Postal Code	
Date of Birth	(____)_____	Phone Number		
		Email		

NOTE: If your name has changed since attending the Mount and you would like the change to be reflected in your Mount record, you must provide proof of name change (copy of valid driver's license, marriage certificate, etc.)

Year of Last Attendance at the Mount: _____

Have you attended another Academic Institution since you last attended the Mount? No Yes

If yes, Name of Institution(s) _____ Year of Attendance _____

An official transcript(s) must be provided to the Admissions Office prior to registration.

Intended Registration (Select One):

Continue in previous undergraduate program

Indicate previous program: _____

Undergraduate Non-degree

Enter a new undergraduate program - *the Admissions Office will approve and reactivate your file.*

Indicate intended program of study: _____

Masters Non-degree (no fee applies)

Continue in previous Masters program

If reactivating your **BA(CYS), BPR, or BEd** degree, you must formally apply through the Admissions Office.

If reactivating your **Masters** program, you can only use this form if it has been less than 2 years from your last enrolment and must include the \$50 reactivation fee.

If you are reactivating your file following academic probation or academic dismissal, the Dean's signature is required and your file will be reviewed by the Admissions Office.

Date

Dean's Signature

By signing and submitting this form, I certify that the information above is complete and accurately represents my personal and academic background. If readmitted to Mount Saint Vincent University, I agree to abide by all regulations of the University as outlined in the academic Calendars.

Date

Student Signature