

## **Reactivation Form**

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@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: 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.

Studen	t ID#	First Name(s)				
Apartm	ent/Street		Town/City		Province	Postal Code
Date of	Birth	() Phone Number	Email			
	-	_			ld like the change to be reflec ense, marriage certificate, etc.	-
Year of	Last Attendanc	e at the Mount:	Intended	l Start	Term (ie. Fall 2022):	
Have yo	ou attended and	other Academic Institution	since you last atten	ded tr	ne Mount? 🗖 No 📮 Ye	S
If yes, N An offic	Name of Institut Sial transcript(s)	ion(s) must be provided to the A	dmissions Office pr	ior to	_ Year of Attendanc reactivating.	e
Intended Registration (Select One): Continue in previous undergraduate programinate previous program:			-		If reactivating your <b>BPR,</b> or <b>BEd</b> degree, you must formally apply through the Admissions Office.	
	Undergraduat	e Non-degree		L		
	Enter a new undergraduate program - the Admissions Office will approve and reactivate your file.					
Indicate	e intended prog	ram of study (including ma	jor/minor and/or co	oncen	tration)	
		degree (no fee applies) evious Masters program	If reactivating your <b>Masters</b> 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.			

Date

Student Signature

Mount Saint Vincent University abides by PIPEDA and FOIPOP legislations. For further information on these legislations, consult the University Calendars.

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.