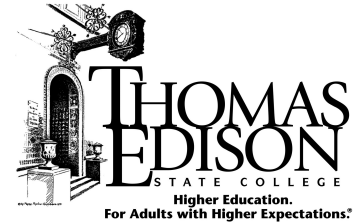


REQUEST FOR RE-ENROLLMENT FROM INACTIVE STATUS FOR GRADUATE STUDENTS



Thomas Edison State College
101 West State Street
Trenton, NJ 08608-1176
www.tesc.edu

MAIL PAYMENT (U.S. DOLLARS) TO:

Thomas Edison State College
Attn: Office of the Bursar
101 West State Street
Trenton, NJ 08608-1176
Phone: (609) 984-4099
Fax: (609) 984-4066

GENERAL INFORMATION

PERSONAL DATA

First Name	Middle Initial	Last Name	Maiden or Former Name	Male/Female
Street Address			Building, Apartment	
City		State	ZIP	
Preferred Telephone Number			Secondary Telephone Number	
Birth Date	Social Security No.		E-mail	

Check here if information has changed

U.S. Citizen Yes No If no, country of residence _____

Note: If you have been inactive for more than a year, you will be required to satisfy the current degree requirements for the program in which you are enrolled.

RECENT EDUCATIONAL ACTIVITY

I will be sending/have sent transcripts from the following institutions that I attended since my last enrollment:

INSTITUTION	DATE(S) ATTENDED

DEGREE PROGRAM

I hereby certify that this information is true and correct to the best of my knowledge.
I understand that the submission of false information may result in dismissal from the College.

Degree you are pursuing: _____

Is this a change in your degree program? Yes No

Please note that the degree requirements may have changed since your last enrollment.

APPLICATION FEE

I hereby certify that this information is true and correct to the best of my knowledge.
I understand that the submission of false information may result in dismissal from the College.

Signature: _____

All re-enrolling students must remit the following along with this re-enrollment form.

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
Application Fee	\$75	\$75	\$75

Amount Enclosed \$ _____

Check American Express VISA MasterCard Discover

Card Number _____ Expiration Date: Month/Year _____

Signature: _____