Office of Enrollment Management & the Registrar Curry College Milton, MA 02186 RE-ACTIVATION FROM LEAVE OF ABSENCE

Name	Last 4 Digits Soc. Sec.#				
Phone No	Curry ID#				
Home Address	City	_ CityState		Zip	
Requested date of re-entry:	Previous	attendance dates a	t Curry:	To	0
Major:					
Resident □ Commuter □	Do you re	Do you require PAL support? Yes □ No □			
Full-time □ Part-time □	Are you a	Are you applying for financial aid? Yes \square No \square			
Signature					
Office use only: Date Received:					
Earned credits: GPA: Academic State Financial Status: Date sent Date Receive Student Financial Services: Yes No No O					
Student Affairs Status: Date sent Date I Student Affairs: Yes O No O	Received	Verified by			
Residence Life: Date sent Date Received Residence Life: Yes \bigcirc No \bigcirc		Verified by			