

TEXAS A&M UNIVERSITY
CENTRAL TEXAS
Office of Enrollment Services

1901 S. Clear Creek Road Killeen, Texas 76549 (254) 519-5438 Fax (254) 519-5486

Student Reactivation Application

SEMESTER: _____ YEAR: _____

1. Student ID: _____ (SS# is optional; however it is helpful to ensure accurate matching of documents and timely processing. You will be assigned an identification number if you do not provide a Social Security number.)

2. Name: _____
(Last Name) (First Name) (Middle Initial)

3. Other Names Which May Appear on Academic Record: _____

4. Current Address: _____
(Mailing Address)

City: _____ State: _____ Zip: _____

5. Telephone: Day: _____ Night: _____

6. Major: _____ Degree Sought: _____

7. Non-Degree Category (if applicable): _____

8. College or University attendance since Tarleton State University: _____

9. Has your residency or citizenship status changed since you were here last? _____

10. Explain: _____

13. Signature: _____ Date: _____