

Permission to Reactivate Enrollment Eligibility

See section 3.2 of the [Graduate School Handbook](#).

Student name: _____

Ohio State ID number: _____ Ohio State email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Academic department: _____

Last semester or quarter enrolled: AU WI SP SU Year _____

Semester/year of reactivation: AU SP SU Year _____

Today's date: _____

E-mail: _____

Phone: _____

- 1) Have you been a resident Ohio for the past 12 months? Yes No
- 2) Date your Ohio residency began (if since birth, list birthdate)? Month: _____ Day: _____ Year: _____
- 3) Are you self-supporting and have filed an income tax return in Ohio for the past calendar year? Yes No
- 4) Are you financially supported by a person who has resided in Ohio for the past 12 consecutive months and has claimed you as a dependent for income tax purposes? Yes No
- 5) Are you a dependent of a parent/legal guardian who has accepted full-time employment in the State of Ohio? Yes No
- 6) Have you ever pled guilty to or been convicted of a felony, or is any felony charge pending? Yes No
- 7) Have you ever been suspended or dismissed for any disciplinary or academic or non-academic reason from any college, university, or other post-secondary institution, or is any disciplinary charge from any such institution currently pending against you? Yes No

Signature, graduate studies committee chair
(required if you have been away from Ohio State for two years or longer)

Date

