



REACTIVATION REQUEST

Date: _____

Name: _____
(Please print) Last Name First Name

Langara ID No. _____ Phone No. _____

PLEASE REACTIVATE MY APPLICATION FOR THE:

- SPRING SEMESTER, JANUARY (YEAR) _____
- SUMMER SEMESTER, MAY (YEAR) _____
- FALL SEMESTER, SEPTEMBER (YEAR) _____

PROGRAM:

- ARTS AND SCIENCE
- CAREER _____
- _____

Have you recently changed your address? Yes No
(If yes, please complete an Address Change Form, available at the Langara website and the Registrar's Office.)

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Student's signature