



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@tu.edu • website: http://tu.edu

**STUDENT INFORMATION**

DO  MSMHS-COM  Pharmacy  MSMHS-COP  Education  Joint MSPAS/MPH  Public Health  Nursing

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**RETURN INFORMATION**

Effective Semester of Return (select one):  Summer  Fall  Spring Year: \_\_\_\_\_

I understand that it is my responsibility to obtain ALL required signatures in the order listed below and to submit this completed form to the Office of the Registrar BEFORE an approval can be granted. Incomplete forms will not be accepted and/or processed. I acknowledge that I will not be permitted to register for any courses until my petition is granted and I am notified by the Office of the Registrar.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUIRED APPROVALS**

Dean/Program Director: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

Associate Dean of Students: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

Student Health (if applicable): Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

Financial Aid: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

Bursar: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

Registrar: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Comment \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_ Processed by: \_\_\_\_\_ on: \_\_\_\_\_

Notification sent to:  Program  Student Services  Bursar  Financial Aid  Student Health  Facilities  Library  IT  Student

Updated in:  SIS  Holds  Notes  Registration  Transcript  Roster  Directory  Student File