



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>

To be completed and submitted to the Office of the Registrar 6 weeks prior to the start of the term you wish to return. Late submissions will delay registration, financial aid, access to class materials etc.

STUDENT INFORMATION (Circle all programs that apply)

DO	PHARMACY	DNP			
MSMHS-COM	MSMHS-COP	MSN	JOINT MSPAS/MPH	PUBLIC HEALTH	EDUCATION

Name _____ Class of _____ Student ID# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ TU Email Address _____

Should this contact information replace your permanent information in TouroOne? Yes No

Return Information

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

Actual Date of Return: _____

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 6 weeks prior to the start of the term I wish to resume enrollment. 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. I understand that 6 units are required to be eligible for financial aid.

Student Signature _____ **Date** _____

Program Approval (This section to be completed by the Academic Program)

This form must be submitted to the Office of the Registrar within 1 week of the above date.

Has the student met all requirements to return? Yes No

Change to student's class? Yes No New Class: _____

Repeating Courses? Yes No

Specify courses needed for enrollment:

Dean/Program Director: Signature _____ Date _____

Comment _____

COM Only: TC: Yes No

Student Affairs Administrator Approvals

Associate Dean of Student Affairs: Signature _____ Date _____
Comment _____

Student Health (if applicable): Signature _____ Date _____
Comment _____

Bursar: Signature _____ Date _____
Comment _____
Account Balance: Yes No

Financial Aid: Signature _____ Date _____
Comment _____

Registrar: Signature _____ Date _____
Comment _____
Registered into Courses: Yes No

For Registrar Office Use Only:

Date Received: _____ Processed in Banner By: _____ Processed On: _____

Entered into spreadsheet: Entered into class roster: Sent Copy to Student:

Notified IT of Class Change: Notification sent to: Library