



**STUDENT REACTIVATION
APPLICATION**

FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

REACTIVATION TERM AND YEAR

Fall Spring Summer YEAR: 20_____ SFU Student Number_____ Date of Birth (mmddyyyy)_____

Last name_____ First name_____ Middle name_____

MAILING ADDRESS

Please update my address/phone number(s).

Street Address _____ Apartment number _____

City _____ Province _____ Country _____ Postal Code _____

Telephone, evening: () _____ Telephone, day: () _____

Email: _____

Note: Please provide an email address as we will inform you of important admission and enrollment-related information via email.

PROGRAM

If you did not complete all of your former program (e.g. a BA in Arts and Social Sciences), we will reactivate that former program. If you wish to change to another program, the change must be approved by the appropriate faculty or department; see students.sfu.ca/academicadvising/contact_us/sfu_advisors.html for a listing of academic advisors.

If you have completed all of your programs (i.e. graduated), select the Academic Faculty for which you are now applying:

- Applied Sciences Arts and Social Sciences Business Communication, Art and Technology Education Environment
- Health Sciences Science Indigenous Language Proficiency Certificate (CINLP) Diploma (DINLP) Minor (INLMIN)
- Continue in declared program Indigenous Language: _____

Your new program must be authorized by the appropriate faculty or department (students.sfu.ca/academicadvising/contact_us/sfu_advisors.html). In the meantime, you will be placed in a non-degree program in the Faculty you have indicated above.

RELEASE OF INFORMATION

If you anticipate that a family member, friend or representative will be inquiring on your behalf about your application, and you wish that person to have access to that information, we require your written permission before releasing any personal information.


For the period from today until the start of the term to which I am applying, I hereby consent to the release of information concerning my application for reactivation to:

Name _____ Relationship to you _____

Signature _____ Date _____

DECLARATION

In signing this form I am confirming I have not taken any course work from another postsecondary institution and was not required to withdraw nor am I on extended withdrawal from Simon Fraser University. I certify that all statements on this application are true and complete. I consent to the disclosure of information on this form to other educational institutions when necessary to verify my qualifications. If the authenticity of the information I have submitted cannot be verified, I consent to the notification of this fact to member institutions of the Association of Universities and Colleges of Canada. I understand failure to provide my consent, or any misrepresentation, may result in cancellation of my reactivation status.

 Signature _____ Date _____

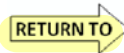
If unable to print, type your name ↑ above and check box to e-sign; or ↑ insert image of signature.

Undergraduate Records, Student Services, MBC 3200
8888 University Drive, Burnaby BC Canada V5A 1S6
students.sfu.ca/records

TEL 778.782.6930
urecords@sfu.ca

(INLP - SEPT 2024)

INLP (FNEP) STUDENTS - PLEASE COMPLETE AND RETURN SIGNED FORM TO:



**INDIGENOUS LANGUAGES PROGRAM, SIMON FRASER UNIVERSITY,
ROOM RCB 8114, 8888 UNIVERSITY DRIVE, BURNABY, BC, V5A 1S6, CANADA
EMAIL: inlp@sfu.ca INLP/FNEP Inquiry 778.782.9763 / 1.800.399.5565**