



Reactivation Form

Complete this form if you wish to return to classes and have not attended Zane State College for the past one or more semesters (not including summer session). This form should be completed only by individuals who have received grades from Zane State College.

Return completed form to: **Zane State College Admissions' Office, 1555 Newark Road, Zanesville, OH 43701**
Email: admissions@zanestate.edu, fax; 740-588-1365.

Student Information

Social Security Number or Student ID: _____ Date of Birth: _____

Current Name: _____
Last First Middle

Maiden/Previous Name(s): _____

Current Street Address: _____
Number and Street/P.O. Box Apt. #

City State ZIP County

Contact Number: _____ Planned Semester of Return/Year: _____ / _____

Planned Program of Study: _____

Do you plan to receive a(n): Associate Degree Certificate Non-degree Seeking Transient

Have you resided in Ohio for the immediate past 12 months? Yes No If no, previous state: _____

Demographic Information

Your response is voluntary. Information will not be used in a discriminatory manner and will remain confidential as to the individual, but may be used in general submission data.

Are you Hispanic? Yes No Are you a Nonresident Alien? Yes No

Please select one or more of the following categories to describe yourself:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Previous Education

Are you a graduate of Zane State College? Yes No If yes, what year? _____ Program? _____

List all colleges attended with the most recent first. Attach extra sheet if needed (submit official transcripts from each college):

Name of College	City/State	Degree	Graduation Date

Emergency Contact Information

In the event of emergency, notify:

Name: Last First Telephone

Release of Information

Zane State College has permission to release my name, address, telephone listing, college major, dates of attendance, degrees and awards received (including dean's list) and most recent previous education agency or institution attended to news media or other appropriate agencies.

Yes No Initial to acknowledge: _____

I hereby certify that all statements on this form are correct and understand that I may be required to provide documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in the cancellation of my enrollment or registration status and is considered a breach of academic honesty.

Signature: _____ Date: _____

OFFICE USE ONLY updated 5/4/2016

Student ID: _____ Processed by: _____ Date Entered: _____

Hold: Yes No Type of Hold: _____ Date Notified of Hold: _____