



CENTRAL OHIO TECHNICAL COLLEGE
 1179 University Drive
 Newark, Ohio 43055-1767

REACTIVATION FORM

Social Security Number _____ Date _____

Current Name _____

Current Address _____

 City State Zip Code County
 Length of time at current address _____

Previous Address _____

 City State Zip Code
 Length of time at previous address _____

Home Number _____ Work Number _____

Name used when last attended COTC Same as above, other _____
(Social Security Card is required for any name change)

Last quarter and year attended _____ Planned quarter of return _____

Planned program of return _____

I plan to attend COTC: (check only one)

TO OBTAIN AN ASSOCIATE DEGREE:
 For the job market (07)
 To transfer (06)

TO OBTAIN A CERTIFICATE:
 For personal enhancement (05)

AS A SPECIAL STATUS STUDENT TO:
 Obtain knowledge for personal interest (01)
 Upgrade skills for current job by taking only selected courses (02)
 Train for a new career by taking only selected courses (03)
 Transfer before completing a degree or certificate (04)

APPLICANTS FOR HEALTH TECHNOLOGIES
 I plan to complete all admission requirements to apply to a health program, which will begin (indicate year, i.e. Winter 07):

LPN to ADN Transition program
 Autumn _____ Newark _____ or Cosh _____
 Spring _____ Newark _____ or Knox _____

Nursing Winter _____ Summer _____

Prac Nsg Spring _____ Newark _____ or Cosh _____
 Autumn _____ (Newark only)

Radiographic Autumn _____
Sonography Autumn _____
Surgical Technology Autumn _____

Continue on Back

Did you receive grades from COTC? _____ Were you ever academically dismissed? _____

Did you Graduate from COTC? _____

Please list all colleges you have attended since your previous enrollment at COTC.

Comments: _____

Have you ever been charged with or convicted of a felony? ___**No** ___**Yes** (If yes, please attach an explanation.)

Have you ever been suspended or dismissed for any disciplinary reason from any college, university, or other post-secondary institution or is any disciplinary charge from any such institution currently pending against you? ___**No** ___**Yes**

RELEASE OF DIRECTORY INFORMATION -This permits COTC to release name, major, dates of enrollment, degrees and awards (to include Honors List). ___ Yes ___ No (If neither box is checked, release will be based on how answered on original application.)

I certify that the information on this reactivation form is correct to the best of my

knowledge: Signature _____

Date _____

For Office Use Only - SIS _____ Advisor Change _____

File _____

Scheduling Information Given _____ Transfer Credit Re-reviewed _____

Rev. 9/2006