

## Return to Active Status Application for Students

This application is for:  Fall  Spring  Summer \_\_\_\_\_ aaaa  
\*\*\*\*(year)

Note: This form has been designed to simplify the procedure for former Pacific students who seek to resume study at University of the Pacific. There is no fee involved in this application. Please submit this form to the Office of Admission at the address below.

Full Name: Mr. Ms. \_\_\_\_\_  
(last) (first) (middle) (preference name)

University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(98 Number) (mm/dd/yyyy)

Current Mailing Address: \_\_\_\_\_  
(number and street)  
 \_\_\_\_\_  
(city) (state) (zip)

Permanent Mailing Address: \_\_\_\_\_  
(number and street)  
 \_\_\_\_\_  
(city) (state) (zip)

Phone Number : \_\_\_\_\_ e-mail address: \_\_\_\_\_

What were the dates of your previous attendance at Pacific? \_\_\_\_\_  
(mm/dd/yyyy) to (mm/dd/yyyy) to \_\_\_\_\_  
 What was your previous major? \_\_\_\_\_

List in chronological order all schools attended since you left Pacific. Please request each school listed to send an official transcript to the University of the Pacific Office of Admission.

Name of Institution	City / State of Institution	Dates of Attendance	Indicate any degree earned

Please check the school you want to return to:  
 Thomas J. Long School of Pharmacy and Health Sciences

Please indicate your prospective major: \_\_\_\_\_

Possible career objective: \_\_\_\_\_

