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**Returning students are California State University, Dominguez Hills students who are returning after an absence of two semesters (Fall and Spring) or more and do not have a Planned Educational Leave.**

**INSTRUCTIONS:**

1. Complete the "Re-Entry Form" and submit to the Registrar's Office General Records Documents Dropbox Folder. You will receive a decision and/or response within 10 business days via e-mail. Submit all forms and transcripts (if applicable) by June 1 for Fall or September 30 for Spring re-enrollment.
2. Submit official transcripts for any college or university you have attended since leaving CSUDH. If you didn't attend any other universities, no transcripts are required.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Toromail \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Major: \_\_\_\_\_

*You must establish a major by 60 or more baccalaureate units.***Academic Term you Request to return CSUDH (Required):** Term \_\_\_\_\_ Year \_\_\_\_\_Open University is available for Summer or Winter courses via College of Extended Education: <https://www.csudh.edu/open/>

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**Citizenship/Residency Information (Required)**

Country of Citizenship \_\_\_\_\_

What U.S. State/Possession do you regard as your permanent home? \_\_\_\_\_

Do you claim California Residency? Yes or No \_\_\_\_\_

If **No** to the question above, when did your present stay in California begin? (month/day/year) \_\_\_\_\_

Have you lived in California continuously since birth? (yes/no) \_\_\_\_\_

County Currently Residing in (e.g. LA County): \_\_\_\_\_

Are you any of the following? (**check all that apply**) Veteran Military Dependent Not a member of the military

Did you attend any other college/university during your absence from CSUDH? (If yes, fill out the information below) We will not be able to process your re-entry until we receive all official transcripts from other Colleges attended.

Institution	Location	Dates of Attendance	Units Completed (Required)

**CERTIFICATION** – *I certify that my statements on this application are true and complete to the best of my knowledge. I acknowledge that eligibility to enroll in courses at CSUDH is contingent upon having paid any fees that are owed and taken care of any account holds. I understand that any misrepresentation of information may be cause for denial or cancellation of reentry or enrollment.*

Student's Name (Printed) \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Use Only**

Major Catalog Year Request: \_\_\_\_\_ GE Catalog Year Request: \_\_\_\_\_

*NOTE: Student must have catalog rights to the year requested. If student has not maintained continuous enrollment at a CSU or CA community college, a Petition for Exception to Academic Policy will be required.*

Notes: