

Reactivation Form

Note: If you were last enrolled at TEDS or TGS more than two years ago or if your original application was submitted more than two years ago, you will be required to submit a complete set of application materials, rather than this form.

1. Name: _____
LAST FIRST MIDDLE/MAIDEN

2. Address: _____
STREET CITY STATE ZIP COUNTRY

3. Day Phone: () _____ **Cell Phone:** () _____ **E-mail:** _____

4. Country of Citizenship: _____ **Visa Type:** _____

5. Current Church Membership: _____ **Denomination:** _____

6. Reason for Reactivation

- Reactivation after a temporary leave from Trinity. Last term enrolled at TEDS or TGS: _____
SEMESTER/YEAR
- Reconsideration of previously submitted application. Term for which admission was originally sought: _____
SEMESTER/YEAR

7. Program for which you are seeking reactivation: _____

8. Term for which you are seeking reactivation: _____
SEMESTER/YEAR

9. Anticipated Academic Load: Full-time (10+ credits) Part-time (less than 10 credits)

10. List schools attended since first applying to TEDS or TGS:

INSTITUTION	LOCATION	DATES ATTENDED	DEGREE	YEAR RECEIVED

11. Required Supplementary Documents:

- A. Transcripts for any schools attended since application was originally submitted.
B. A one-paragraph statement as to why you left Trinity or decided not to enroll previously.
C. A brief (i.e. one typewritten page or less) statement concerning your vocational goals and ministry involvement, detailing any changes since your last contact with us.

12. If admitted, I agree to comply with the rules and regulations which are in force during my enrollment at Trinity Evangelical Divinity School or Trinity Graduate School. I also understand that I will be coming in under the guidelines of the catalog which will be current in the semester for which I am applying.

SIGNED DATE

