

## PVAMU OFFICE OF THE REGISTRAR

### RETURN FROM SUSPENSION

\*Please allow 24 business hours for processing

Name: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

Student ID number or SSN (required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (hm): \_\_\_\_\_ Cell: \_\_\_\_\_

**Were you previously enrolled at another institution?**

\_\_\_\_\_ Yes    Dates of attendance \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_  
Month                      Year                      Month                      Year

\_\_\_\_\_ No

**Student Signature\*:** \_\_\_\_\_

\*I understand that if I attended another institution, I must submit supporting transcripts prior to registering for the following semester. Otherwise, a registration hold will be placed on my account.

#### Staff use only

SHATERM (Last semester of attendance) \_\_\_\_\_

SAAQUIK \_\_\_\_\_

SZAREGS \_\_\_\_\_ Student Status \_\_\_\_\_

SPAIDEN \_\_\_\_\_

SOAHOLD \_\_\_\_\_ Yes \_\_\_\_\_ (type) \_\_\_\_\_ No \_\_\_\_\_

SPAAPIN \_\_\_\_\_

Staff initials and date of completion \_\_\_\_\_