CIA
Registrar's Office

Re-Enrollment Application

For former CIA undergraduate students seeking to return to CIA to complete the degree, please fill out this form. Refer to the current College Catalog for information on majors and degree requirements. All students are subject to the current catalog policies, majors, and degree requirements when returning to CIA. Refer to the Academic Calendar for semester start and end dates.

Submit this completed form to registrar@cia.edu or in person to the Registrar's Office. You must include a picture of your current driver's license or state ID as an attachment or bring it in person to the office. For former students who left CIA on academic probation/recovery or were academically dismissed, a one-page letter of intent explaining why you want to re-enroll and your plan to succeed academically is required. Once this application is received, administrative departments will be notified to determine your eligibility to re-enroll. You will be notified of next steps from the Registrar's Office to your personal email indicated below.

Personal Information

Name: _____   Name while attending CIA: _____

Date of Birth: _____   Personal Email: _____

Phone: _____   Opt-In for CIA Text Messages: Yes   No

Legal Address: _____

City: _____   State: _____   Zip: _____

Are you a US Citizen?   Yes   No   If no, provide country of citizenship: _____

Are you receiving/anticipating to receive Veteran's benefits for educational purposes?   Yes   No

Academic Information

Were you on social or academic probation/recovery or dismissed when you left CIA?   Yes   No

Which year and term do you plan to return to CIA?   Year: 20_____   Fall   Spring

What was your major when you left CIA? _____

Do you plan to continue with this major?   Yes   No

If no, which major would you like to pursue? _____

Did you attend any other colleges since you last attended CIA?   Yes   No

If yes, list the additional colleges: _____

Note: For any colleges you attended after leaving CIA, you must send official transcripts from that institution to registrar@cia.edu for evaluation of credit.

By signing below, you certify that all statements submitted are complete, correct, and your own.

Student Signature: _____   Date: _____

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ID Number: _____   Major: _____   GPA: _____

Completed Credits: _____   Academic Standing: _____

Expected Completion Year/Term: _____   Cleared by all departments to return:

Transcripts Received: Yes   No   Date updated in J1: _____