

# Langara.

THE COLLEGE OF HIGHER LEARNING.

## REGISTRAR & ENROLMENT SERVICES REACTIVATION REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print) Last Name First Name

Langara ID No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE REACTIVATE MY APPLICATION FOR THE:**

**PROGRAM:**

SPRING SEMESTER, JANUARY (YEAR) \_\_\_\_\_

ARTS AND SCIENCE

SUMMER SEMESTER, MAY (YEAR) \_\_\_\_\_

CAREER \_\_\_\_\_

FALL SEMESTER, SEPTEMBER (YEAR) \_\_\_\_\_

Have you recently changed your address?  Yes  
(If yes, please update it online via myLangara.)

No

\_\_\_\_\_  
Student's signature