



Student Reactivation Form

(Please **PRINT**)

OFFICE USE ONLY	
Date Received	_____
Staff Initials	_____
Enrollment Status	_____
Entered By	_____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student ID #: _____ Email: _____

Primary Language: English Spanish ASL Other: _____

- Are you currently enrolled at COS? Yes No
Which campus would you prefer to receive AAC services: Visalia Hanford Tulare
- What is your major: _____ Certificate AA/AS Transfer to 4 year
Are you interested in employment opportunities? Yes No
- Do you feel your qualifying condition has changed (worsened or improved) since you last used AAC services? Yes No
- Have you received any additional diagnoses since you last used AAC services? Yes No
If yes to either question, please indicate the nature of your condition below, how has it changed?
You will need to provide the AAC with verification of any new qualifying conditions.

- Have you ever completed a learning assessment at a college? Yes No
If yes, what year were you assessed? _____
- Are you a client of any of the following agencies?
 Department of Rehabilitation (DOR) Central Valley Regional Center (CVRC)
 Other: _____
If yes, what is your counselor's name? _____

I acknowledge that it is my responsibility to provide appropriate verification of my qualifying condition.

Student Signature

Date

ALTERNATE FORMATS:
This publication can be made available in an alternative format.
Please contact the Access & Ability Center at 559-730-3805.