

Rhodes State College Reactivation Form

Office of Advising 4240 Campus Drive

Lima Ohio 45804

(419) 995-8400

☐ Yes ☐ No

over ==

Side 1 of 2

Complete this form if you wish to return to classes and **have not** attended Rhodes State College for the past three terms. This form should be completed only by individuals who have received grades from Rhodes State College/Lima Technical College in the past. *Please complete every area of the form.*

		D	ate of Birth//_	Gender	r: ☐ Female ☐ Male		
Full Name							
Last	Firs	st	Middle	M	Maiden/Previous Name		
Current Mailing Address							
	PO Box or Number and		d Street	1	Apt #		
City	State	Zip	County		Telephone Number		
Current Street Address (if sa	me as mailing lea	ave blank)					
			Number and Street		Apt #		
City	Stat	e	Zip		County		
E-Mail							
Will you be using Military Ed	lucational Repetit	ts as a votoran	or as a denendent/sn	ouse of a v	eteran? □ Yes □ No		
vill you be using willtary to	ideational benefit	is as a veterar	or as a dependent, sp	ouse of a v	eteran: Lies Livo		
ast term you received grade	es from Rhodes S	tate College o	r LTC (if known):				
Last term you received grade							
	to reverse side f	for majors):					
Planned major (please refer	to reverse side f	for majors): e Degree □	Certificate	Non-Degre	ee Seeking		
Planned major (please refer Do you plan to receive a (n): s this a new major? Yes	to reverse side f Associate No If J.S. □ Other	for majors):e Degree major is nursi	Certificate □ ng, are you currently a	Non-Degre	ee Seeking		
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Have you received an Associates degree from Rhodes State College/Lima Technical College?



Rhodes State College Reactivation Form

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If yes, where?			ast attended Rhodes State College? ☐ Yes ☐ No If you are degree or certificate seeking, please submit				
official college or university transcr	ript(s) for evalu	ation.					
Did you participate in the College Cred	dit Plus (formerl	y Post-Secondary	v Enrollment O	ptions – PSEOP)	Program? □Yes	s □ No	
In case of emergency, whom shoul	d Rhodes State	College contac	ct?				
Name	Relatio	_ Relationship to student					
Phone Number ()							
Address							
	ity		State		Zip		
Student Signature:				_ Date:			
For office use only: Quicked:			Form	ns Completed:			
Majors/Programs	Initials	Date	Certificates		Initials	Date	
Accounting Administrative Office Technology -Executive Administrative Assistant* -Medical Administrative Assistant Associate of Arts -Education Concentration -English Writing/Literature Concentration -General -History Concentration -Sociology Concentration -Sociology Concentration -Environmental, Health and Safety Concentration -General -Pre-Health Concentration -Psychology Concentration -Sociate of Technical studies Advanced Manufacturing Technology Business Administration*+ Business Management* Concrete Technology Corrections* Cullinary Arts Dental Hygiene Digital Media Technology Education Electronic Engineering Technology Emergency Medical Services Exercise Science Health Information Technology (Marion Tech) Human Resource* Human Service Industrial Manufacturing Technology for Skilled Trades Law Enforcement Manufacturing Engineering Technology Marketing* Mechanical Engineering Technology Marketing* Mechanical Engineering Technology Marketing* Medical Laboratory Technology (Marion Tech) Networking Security Occupational Therapy Assistant Operations Excellence Technology* Paralegal/Legal Assisting Physical Therapist Assistant Addiographic Imaging			Accounting Clerk Activity Directing Advanced EMT Allied Health Profes: American Sign Langi Basic Peace Officer -Summer Academy -Evening Academy Business Administra Business Manageme Child Development. Computer Numerica Cyber Security Digital Media Techn Early Childhood Edu Entrepreneurship Exercise Science Human Resource M: Marketing* Medical Coding Microcontrollers Minor Maintenance Nurse Assistant Nutrition and Food 5 Office Publications Office Software One-Year Maintenan Paralegal/Legal Assi: Paramedic Pharmacy Technicia Phlebotomy Practical Nursing Pre-gaming Design Programmable Cont Real Estate License Sleep Technologist S Social Media Tax Preparer Team Leadership Troubleshooting Video and Graphic S	Academy-OPOTC // tion* Associate Il Control cology cation Administrator anagement Service Professional ance string an			

Web Programming/Computer Programming

*Available online/Distance Education +One Night a Week Format