



# REINSTATEMENT AFTER INVOLUNTARY DEPLOYMENT

Please type or print clearly in blue or black ink.

## STUDENT INFORMATION

DATE: \_\_\_\_\_

NSHE ID: \_\_\_\_\_ PROGRAM OF STUDY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

REBELMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADMIT TERM/YEAR: \_\_\_\_\_ I AM RETURNING TO ACTIVE DUTY YES NO

CHDDSE DNE: Undergraduate Masters Ph.D. Certificate Professional

## DEPLOYMENT INFORMATION

SEMESTER AND YEAR THAT I LAST RECEIVED A GRADE FOR: \_\_\_\_\_

DATE OF DEPLOYMENT: \_\_\_\_\_

## RETURN FROM DEPLOYMENT INFORMATION

If return date is more than one year before today's date, you may have to reapply through the Admissions Office. DATE OF RETURN FROM ACTIVE DUTY (Copy of your paid travel voucher is mandatory):

\_\_\_\_\_

## ORDERS WERE RESCINDED

You have 72 hours to notify the Military & Veteran Services Center. Failure to do so will result in having to reapply with the Admissions Office.

DATE ORDERS WERE RESCINDED: \_\_\_\_\_

WOULD YOU LIKE TO BE PLACED BACK INTO YOUR COURSES (current term only): \_\_\_\_\_

**STUDENT SIGNATURE** – By signing below, I certify all information included on this form and its attachments to be accurate.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## REQUIRED SIGNATURE

VA CERTIFYING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**GRADUATE STUDENTS ONLY** – Return completed form to Graduate College - University Gateway Bldg (GTW), Suite 200

Office Use Only:	Received on: _____	Initial: _____
DEPARTMENT CHAIR/GRADUATE COORDINATOR _____	DATE _____	DEAN, ACADEMIC COLLEGE _____
DEAN, GRADUATE COLLEGE _____	DATE _____	

**UNDERGRADUATE STUDENTS ONLY** – Return completed form to the Enrollment Service Center in SSC-C.

Office Use Only:	Received on: _____	Initial: _____
PROCESSING OFFICER, OFFICE OF THE REGISTRAR _____	DATE _____	

Military & Veteran Services Center  
4505 Maryland Parkway # 452003 • Las Vegas NV 89154-2003 • SSC-A 311  
Phone: (702) 895-2290 • Fax: (702) 895-1145