

**UVA Department of Student Health  
General Medicine  
Student Reenrollment Information Update**

Please provide the requested information listed below and return this form to:

UVA Department of Student Health  
General Medicine  
Attention: Nursing Supervisor  
P.O. Box 800760  
Charlottesville, VA 22908-0760

OR

Fax: (434) 243-9669  
Attention: Nursing Supervisor

**Your current contact information where you can be reached in order to discuss your request for reenrollment (please print):**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Land line: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Academic Dean: \_\_\_\_\_

Semester for which you want to re-enroll:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

