

Reinstatement Form

Office of the Registrar

Name: _____

Last
First
Middle
Goucher ID

Mailing Address: _____
Street

Mailing Address: _____

City
State
Zip code

Phone: _____ Email address: _____

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Returning from: Suspension Voluntary Withdrawal

A student who has been suspended may apply for reinstatement following the completion of a minimum of 12 credit hours, excluding summer school, at an accredited academic institution with no grade lower than a C-, or one year of successful work experience with a letter from the employer stating dates of employment. A reinstatement application following suspension must include an official transcript from the other academic institution, or a letter from the employer.

I am requesting reinstatement to Goucher College for: year fall semester spring semester

My intended major is _____

I will be a: full-time student part-time student

At the time of your withdrawal or suspension were you a: resident or commuter student?

Was your financial aid rescinded due to Satisfactory Academic Progress? Yes No

Will you be a candidate for financial aid? Yes No

If yes, have you submitted all required forms to Financial Aid? Yes No Date submitted: _____

Last date/term of official enrollment at Goucher College _____

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In the space below, list briefly the activities or employment you have held since leaving Goucher: If you have been suspended, you must include a letter from the employer.

| Name of Employer | Specific Description of Job | Dates of Employment |
|------------------|-----------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any educational institutions you have attended since leaving Goucher. Please forward an official transcript from each institution as soon as possible.

| College or University | Courses Taken |
|-----------------------|---------------|
| _____ | _____ |
| _____ | _____ |

Check here if you are not currently attending school. Describe in detail on a separate sheet of paper your activities since enrolled at Goucher College.

Return completed request in person, by mail or fax:

Office of the Registrar
Dorsey Center, Suite 207
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204

Fax: 410-337-3111

OFFICE USE ONLY

Assoc. Provost of UG Studies approved not approved

Cleared: _____

Dean of Students _____

Financial Aid _____

Billing _____

Registrar _____

Controller's Office _____