GOUCHER | college

Goucher College Reinstatement Form

Office of Records and Registration

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____Current E-mail address: _____

Social Security Number: _____Goucher ID Number: _____

Returning from: _____Suspension _____Voluntary Withdrawal

____ I am requesting reinstatement to Goucher College for year_____ fall _____or spring _____ semester.

My intended major is _____

_____ I will be a full-time student _____ I will be a 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Was your financial aid rescinded due to Satisfactory Academic Progress?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 _____

In the space below, list briefly the activities or employment you have held since leaving Goucher:

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 faz:
Fax # 410-337-6504

Office of Records and Registration
Student Administrative Services
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204

OFFICE USE ONLY
Associate Academic Dean _____approved _____ not approved
Notified:
Residence Life _____
Dean of Students _____
Financial Aid _____
Billing _____
Registrar _____
Controller's Office _____