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GOUCHER | college  
**Reinstatement Request Form**  
**Welch Center for Graduate and Professional Studies**

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Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Current E-mail address: \_\_\_\_\_

Goucher ID Number (if known): \_\_\_\_\_

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I am requesting reinstatement to Goucher College for year/term: \_\_\_\_\_

My intended program/concentration is \_\_\_\_\_

Last date/term of official enrollment at Goucher College (if known) \_\_\_\_\_

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If approved, this form grants an extension to complete your academic program. To ensure you are able to complete your program in the allotted timeframe, please schedule a meeting with your advisor and list a detailed schedule for degree completion below:

Course: \_\_\_\_\_ Term to be taken: \_\_\_\_\_

Course: \_\_\_\_\_ Term to be taken: \_\_\_\_\_

Course: \_\_\_\_\_ Term to be taken: \_\_\_\_\_

Course: \_\_\_\_\_ Term to be taken: \_\_\_\_\_

Course: \_\_\_\_\_ Term to be taken: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Return completed request in person, by mail or fax: 410-337-6085

**OFFICE USE ONLY**

Associate Provost \_\_\_\_\_ Date: \_\_\_\_\_

Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date: \_\_\_\_\_

Billing \_\_\_\_\_ Date: \_\_\_\_\_

Registrar \_\_\_\_\_ Date: \_\_\_\_\_