



Name\_\_\_\_\_ Class Year\_\_\_\_\_

Dartmouth ID\_\_\_\_\_ Hinman Box\_\_\_\_\_

Date\_\_\_\_\_

Address (mailing address at which you can be reached during your withdrawal)

\_\_\_\_\_

\_\_\_\_\_

Phone numbers (day)\_\_\_\_\_ (evening)\_\_\_\_\_

Alternate e-mail address\_\_\_\_\_

Term for Which Readmission is being sought\_\_\_\_\_

*Please note that completed applications are due 60 days in advance of the first class day of the term in which you wish to enroll. Your readmission cannot be acted upon until Dick's House has medically cleared you for return. Your responses to the questions below should be candid and complete. Your readmission request will be reviewed by the Undergraduate Deans Office. You will also need to sign a release of information form allowing Dick's House to communicate with our office.*

1. Why and when did you leave Dartmouth?
2. What treatment did you seek during your time away?
3. Why do you believe you are now ready to return to school and complete your education in an uninterrupted manner? What, if any, changes have you made to your academic goals or plans?

4. What strategies will you employ to sustain your health when you return (re: academic, social, medical)?
  
5. How can your dean support your successful transition back to Dartmouth?
  
6. To the best of your ability, please list the classes you plan to take in the first three terms you are back. Course number, Title, and Term (please check the ORC to ensure the course is offered that term).

***At the time of your withdrawal, you agreed to a set of criteria established by Dick's House to address your medical needs and sustain a healthy recovery. Please contact Dick's House (Counseling: 603-646-9442 / Primary Care: 603-646-9401) to initiate the medical clearance process. This can take several weeks, so allow sufficient time to meet the readmission deadline. We strongly recommend you initiate this process with Dick's House three months in advance of your intended readmission date.***

Who will be providing your two letters of support (should be sent directly to Dick's House)?

1. \_\_\_\_\_
2. \_\_\_\_\_

What is the date of your readmission conference with Dick's House? \_\_\_\_\_

Signed: \_\_\_\_\_

**For office use only:**

Date received: \_\_\_\_\_ Confirmation letter mailed: \_\_\_\_\_

Academic standing at time of withdrawal: \_\_\_\_\_

Doctor/counselor supporting request: \_\_\_\_\_

Dean: \_\_\_\_\_

Pending COS hearing: Yes \_\_\_\_\_ No \_\_\_\_\_ Completed Course Count: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Reassigned Dean: \_\_\_\_\_

If readmission is denied, brief rationale: