



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 _____

1. Why and when did you leave Dartmouth?
2. What have you done during your time away from the College?

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. How can your dean support your successful transition back to Dartmouth?

5. 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).

Signed: _____

For office use only:

Date received: _____ Confirmation letter mailed: _____

Academic standing at time of withdrawal: _____

Dean: _____

Pending COS hearing: Yes _____ No _____ Completed Course Count: _____

Reviewed by: _____ Reassigned Dean: _____

If readmission is denied, brief rationale: