



Dartmouth College HANOVER • NEW HAMPSHIRE • 03755-3529

Upperclass Deans Office • 6003 Parkhurst Hall, Rm. 111 • Tel. (603) 646-2243

## REQUEST FOR READMISSION

### FOR STUDENTS WHO HAVE BEEN SUSPENDED OR WHO WITHDREW WITH PREJUDICE

Please note that completed applications (including **two** letters of recommendation) are due 30 days in advance of registration for the term in which you wish to enroll. *This request will not be processed until all the components (request form, two letters of recommendation and confirmation of medical treatment, where required) have been received by this office.* [You should understand that readmission to Dartmouth is not automatic. The College reserves the right to deny enrollment to any student who wishes to return to an overcrowded term.](#)

Your responses to the questions below should be candid and complete. This request will be reviewed by the Upperclass Deans.

• **Please contact your class dean if you have any questions.** •

NAME \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_

DARTMOUTH ID # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

TERM FOR WHICH READMISSION IS BEING SOUGHT (please specify): \_\_\_\_\_

PRESENT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: DAY: \_\_\_\_\_ EVENINGS: \_\_\_\_\_

PRIVATE CARRIER EMAIL ADDRESS (if you have one): \_\_\_\_\_

(Please feel free to use additional sheets if necessary)

1. Why and when did you leave Dartmouth?

2. Why do you believe you are now ready to return to school and complete your education in an uninterrupted fashion?

(over)

3. What have you done during your time away from Dartmouth to prepare yourself for your return?

Academically?

Other?

4. If readmitted, what would your academic plans be (courses, enrollment pattern, major, etc.)?

5. You are required to support this request for readmission with at least **two** letters of recommendation from **non-relatives** who are familiar with you and your activities since you left Dartmouth.

Please list your references:

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

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

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(FOR OFFICE USE ONLY)

If suspension included condition of medical treatment, has Dick's House confirmed completion/compliance of requirement? Yes\_\_\_ No\_\_\_

Confirmation received from: \_\_\_\_\_

Readmission approved \_\_\_\_\_  
\_\_\_\_\_ on probation  
\_\_\_\_\_ on warning  
\_\_\_\_\_ on risk

Readmission denied \_\_\_\_\_

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Effective date