



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 WITHDREW IN GOOD STANDING, ON RISK, ON WARNING, ON PROBATION, FOR MEDICAL REASONS, OR WITH COS CASE PENDING

Please note that completed applications are due 30 days in advance of registration for the term in which you wish to enroll. [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, and your readmission 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): _____

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 fashion?

4. If you withdrew for medical reasons, who from Dick's House will be supporting your request for readmission?

(name)

(FOR OFFICE USE ONLY)

Readmission approved _____ on probation
_____ on warning
_____ on risk

Readmission denied _____

Dean

Effective date