HOOD COLLEGE

Office of the Registrar 401 Rosemont Ave. Frederick, MD 21710 Phone: 301.696.3616

Fax: 301.696.3894

Readmission Request

| Name | | | ID# | |
|-------------------------|---|--------------|--------|--|
| Last | First | M. | | |
| Year/Semester in which | I plan to return: | | | |
| I will be full time | OR part time | | | |
| CommuterO | R Resident | | | |
| Expected graduation dat | e (month and year): | | | |
| Current contact informa | tion: | | | |
| Address: | | | | |
| | | | | |
| | | | | |
| Phone: | | E-mail | | |
| | readmitted with the major act se of undeclared majors, need t gistrar's Office. | • | | |
| | shared with the appropriate o on your account which would | | • | |
| | | Student sign | nature | |

NOTE: Students previously dismissed for academic reasons from the College may not return without permission of the Committee on Academic Standards & Policy. In order to be considered for reinstatement as a degree candidate, a student must have completed one full-time semester at another institution and received no grade below a C. The student must submit a letter to the Registrar and an official transcript showing the work attempted elsewhere before the Committee reviews the request.

Students dismissed for non-academic reasons must request in writing to the Dean of Students permission to return to Hood. The Dean of Students decides if the student may be reinstated.