

## RE-ENTRY REQUEST FORM

**This form is for students who wish to re-enter their previous program after withdrawing within 365 days of their last day of attendance.**

**INSTRUCTIONS:** Please fill out this form, send the form to the Department Chair of your previous program for signature approval. If approved, the chair will send the form to [registrar@saybrook.edu](mailto:registrar@saybrook.edu). Please be aware that you may also need to submit an Academic Recovery Plan if you withdrew while on Academic Probation. Students, please note that re-entry is **not guaranteed or official** until you have been notified by the Registrar's Office that your request has been processed.

### SECTION I: TO BE COMPLETED BY STUDENT

*(Please leave any non-relevant fields blank.)*

<b>Student Name (Legal Name on student record):</b>			
<b>Personal Email Address:</b>		<b>Phone:</b>	
<b>Degree or Certificate Program:</b>			
<b>Last Semester of Enrollment:</b>		<b>Semester/Year You Intend to Return:</b>	
<b>Student Signature:</b>		<b>Date:</b>	

### SECTION II: TO BE COMPLETED BY DEPARTMENT CHAIR

*(Signature must be obtained before submitting to the Registrar's Office.)*

<input type="checkbox"/> Student is approved to re-enter, please forward form to Registrar's Office <input type="checkbox"/> Student is NOT approved to re-enter, please forward form to Registrar's Office		
<b>Department Chair</b>	<b>Name</b>	<b>Date</b>
By signing, I confirm that I have reviewed this student's re-entry request		

**In the table below, please include the courses the student will register for upon re-entry. The form will not be processed without course registration.**

<p>1. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p> <p>2. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p> <p>3. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<p>4. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p> <p>5. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p> <p>6. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; font-size: small;">Program Prefix</td> <td style="width: 30%; font-size: small;">Course Number</td> <td style="width: 10%; font-size: small;">Section</td> <td style="width: 40%; font-size: small;">Crs</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> </p>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Program Prefix	Course Number	Section	Crs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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### SECTION III: TO BE COMPLETED BY REGISTRAR'S OFFICE

FOR OFFICE USE ONLY					
<b>Academic Holds?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Hold Type:</b>		
<b>Financial Hold?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Balance:</b>		
<b>Approved?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Reason if No:</b>		
<b>LDA:</b>		<b>Updated Grad Date:</b>	<b>Agency Sponsor Code?</b>	<input type="checkbox"/> Yes If Yes, Notify <a href="mailto:AdmissionOperations@tcsedsystem.edu">AdmissionOperations@tcsedsystem.edu</a>	<input type="checkbox"/> No
<b>Registrar Processed:</b>			<b>Date Processed:</b>		
<input type="checkbox"/> Notification to Academic Department		<input type="checkbox"/> Notification to Academic Advising <input type="checkbox"/> Notification to DSO		<input type="checkbox"/> Notification to IT <input type="checkbox"/> Notification to Student	