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. 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.)

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

SECTION II: TO BE COMPLETED BY DEPARTMENT CHAIR
(Signature must be obtained before submitting to the Registrar's Office.)

☐ Student is approved to re-enter, please forward form to Registrar's Office.
☐ Student is NOT approved to re-enter, please forward form to Registrar's Office.

Department Chair	Name	Date
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.

	Program Prefix	Course Number	Section	Crs		Program Prefix	Course Number	Section	Crs
1.					4.				
2.					5.				
3.					6.				

SECTION III: TO BE COMPLETED BY REGISTRAR'S OFFICE

FOR OFFICE USE ONLY				
Academic Holds?	☐ Yes	☐ No	**Hold Type:**	
Financial Hold?	☐ Yes	☐ No	**Balance:**	
Approved?	☐ Yes	☐ No	**Reason if No:**	
Last Day of Attendance:		**Updated Grad Date:**		
Registrar Processed:		**Date Processed:**		

☐ Notification to Academic Department
☐ Notification to Academic Advising
☐ Notification to DSO
☐ Notification to IT
☐ Notification to Student