**Name:**

**Email:**

**Home Phone:**

**Cell Phone:**

**Last term of attendance:**

**Address:**

**Street:**

**City, State:**

**Zip Code:**

**Today’s Date:**

Applications for Enrollment Reinstatement must be submitted to the Registrar’s Office no later than five weeks before the first day of the term for which the student wishes to return. No exceptions will be made. Applications received after this deadline will not be considered for the next quarter. Instead, they will be considered for the following quarter.

This is an electronic form that can only be completed on a computer. Handwritten applications will not be accepted. When you have completed this application, print it out and sign it at the bottom.

**Reason for leaving Antioch College:**

[ ]  Voluntary withdrawal

[ ]  Administrative withdrawal

[ ]  Academic suspension

[ ]  Academic dismissal

[ ]  Community Life suspension

Have you attended another school since leaving Antioch College? [ ]  Yes [ ] No

If yes, indicate the name of the college:

*An official transcript must be sent to the Registrar’s Office in order for this application to be considered.*

Use as much space as necessary to respond to the following questions. Answer only those questions relevant to your case. Please write fully and carefully, as this is your opportunity to present your case for reinstatement.

**All students:**

How have you spent the time since you have been away from Antioch College?

**For students who withdrew or were withdrawn administratively:**

What are the circumstances that led to your withdrawal from Antioch College?

Why do you feel you are now ready to return to Antioch College?

**For students on academic suspension or academic dismissal:**

Summarize what you believe to be the main reason for the academic difficulty that led to your departure.

In what courses did you have difficulty and why?

What actions have you taken or what changes in circumstances have prepared you to now improve your academic achievement at Antioch College?

**For students on Community Life suspension:**

Why do you feel you should be permitted to return to Antioch College?

**All students:**

Are there other extenuating circumstances you have not already mentioned that you feel will help the review of your case?

If you will be submitting transcripts or letters of recommendation for this application, they must be sent directly to the Registrar’s Office from the school issuing the transcript or the persons writing the letters. The completed application may be sent by email to registrar@antiochcollege.edu or delivered to the Registrar’s Office at:

Antioch College, Office of the Registrar

One Morgan Place

Yellow Springs, Ohio 45387

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received in Registrar’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Approved ☐ Denied Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_