



Undergraduate Deans Office

Student Academic Support Services Center
Dartmouth College
6064 Carson Hall, Suite 125, Hanover NH 03755-3529
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Fax: (603) 646-6166
Email:
Undergraduate.Deans.Office@Dartmouth.Edu

REQUEST FOR RETURN FOLLOWING SUSPENSION OR TIME AWAY WITH PREJUDICE

Name _____ Class Year _____
Dartmouth ID _____ Date _____
Address (complete mailing address at which you can be reached)

Phone number _____ Term you hope to return _____
Alternate e-mail address _____

- All return materials, including this return request form and any supporting documentation, must be submitted to the Undergraduate Deans Office by the appropriate deadline for the term you wish to return (deadlines are available [here](#)). You can send your materials directly to your dean or to the Undergraduate Deans Office at undergraduate.deans.office@dartmouth.edu. Students who submit incomplete materials or materials that are not received by the deadline will not be approved for return.
 - All **financial balances** must be resolved, or a payment plan must be established with Campus Billing by the return deadline.
 - Returning students are eligible to move onto campus the day residence halls open for their term of enrollment.
 - Your return request will be reviewed by the Undergraduate Deans Office. Your responses to the questions below should be candid and complete.
1. In the space below or on a separate attachment, reflect on your overall academic and/or personal experience during your time at Dartmouth before your time away. From your perspective, what were the factors that contributed to you taking time away from school?

2. In the space below or on a separate attachment, please share some detailed information about the activities you have engaged in during your time away. These may include personal projects, employment, volunteer opportunities, academics, counseling and/or self-care practices, or other activities. How did these activities contribute to your learning and growth during your time away from school?
3. In the space below or on a separate attachment, please share why you believe you are now ready to return to school and complete your education. What changes, if any, do you intend to make to help you reach your academic goals or plans?
4. Which campus resources do you think might help support your successful transition back to Dartmouth (e.g., Counseling, Student Accessibility Services, Academic Skills Center)? Similarly, are there any campus groups, organizations, or activities that will be important to you in your transition back to campus?

5. Please share your plans for completing a major, your language requirement (if not already satisfied), and your credit count. To the best of your ability, indicate the classes you plan to take in your first two terms after returning. It is helpful for us to have the course name and term. Check the ORC to confirm the term(s) in which the course is typically offered.

6. Returning students are asked to share their intended D-Plan with the Registrar's Office. Please provide your desired D-Plan below, **beginning with the term for which you are requesting return** and keeping in mind the D-Plan rules for your original class year (available in the ORC [here](#)). The Undergraduate Deans Office will share this information with the Registrar if/when your return is approved.

If you do not provide a D-Plan, the Registrar will assign you a default enrollment pattern based on your credit count. Please note that students can make changes to their D-Plans. If the changes require an exception to a D-Plan rule, students will be asked to submit a [petition](#).

Academic Year	Fall	Winter	Spring	Summer

R=Resident: In residence taking courses or studying for Dartmouth credit on an off-campus or exchange program

L=Leave: Not enrolled in courses for Dartmouth credit; time away for employment, time off, internship, or transfer courses

7. While not required, we welcome letters of support from mentors, coaches, supervisors, spiritual leaders, counselors, etc.

Signed: _____ Date: _____

For office use only:

OVIS _____ Housing _____ Athletics _____

Date received: _____

Confirmation letter mailed: _____

Academic status at time of withdrawal: _____

[Good Standing / Risk / Warning / Probation / Cont. Pro. / Questionable Standing / Academic Suspension / With Prejudice]

First Year Status (Yes or No): _____

Completed Course Count: _____

Dean: _____

COS/Title IX Case Pending? (Yes or No): _____

Reviewed by: _____

Reassigned Dean: _____

If return is denied, brief rationale: