



Student Academic Support Services Center
Dartmouth College
6064 Carson Hall, Suite 125, Hanover NH 03755-3529
Tel: (603) 646-2243
Fax: (603) 646-6166
Email: undergraduate.deans.office@dartmouth.edu

REQUEST TO RETURN FOLLOWING WITHDRAWAL FOR PERSONAL REASONS

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 _____

- Completed applications are due at least **60 days** in advance of the first day of classes for the term you wish to enroll and should be returned to the Undergraduate Deans Office at the above address. Applications not received or with some portion incomplete by the deadline will not be considered.
 - All **financial balances** must be resolved, or a payment plan must be established with Campus Billing and DartCard Services by the return deadline.
 - Returning students are eligible to be on 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 number, title, and term. Check the ORC to confirm the term(s) in which the course is typically offered.

Signed: _____ Date: _____

For office use only:

Date received: _____ Confirmation letter mailed: _____

Academic status at time of withdrawal: _____

[Choose one: Good Standing / Risk / Warning / Probation / Cont. Pro. / Questionable Standing]

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: