



Application for Reinstatement

A review of your academic record will be made prior to formal reinstatement

Return to the Registrar's Office LA 102 or fax to 313 927 1262

Last Name _____ First Name _____

ID _____ Other Name _____

Current Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Cell Phone Provider _____

E-mail Address _____

Date last attended Marygrove _____

Were you in good academic standing when you left Marygrove YES _____ NO _____

If you were dismissed you must submit a letter addressed to the Academic Review Committee attention the Registrar indicating the reason you believe you should be readmitted.

What term do you plan on re-enrolling: Fall _____ Winter _____ Summer _____ Year _____

Have you attended any other colleges or universities since leaving Marygrove? YES _____ NO _____

If yes please list schools and dates of attendance:

1. _____

2. _____

Additional schools may be listed on the opposite side of this form.

I understand that failure to disclose all previously attended institutions may result in my dismissal from Marygrove College.

You must submit an official transcript for readmission from each school listed. The transcript may be submitted electronically through Docufide, Scrip Safe, or the National Student Clearinghouse. If sent by mail it should be addressed to Marygrove College, Registrar's Office, attention Transfer Credit Staff, 8425 West McNichols Road,

Detroit, MI 48221. **\$15.00 reinstatement fee**

Student Signature _____

<p>Student Attendance Information Verified at National Student Clearinghouse: By _____ Date _____</p>
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