

## 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			
E-mail Address					
Date last attended Marygrove					
Were you in good academic stan	ıding when you left M	larygrove	YES	NO	
If you were dismissed you must s the Registrar indicating the reason				view Comn	nittee attention
What term do you plan on re-en	rolling: Fall Win	nter	_ Summer	Year	
Have you attended any other co	lleges or universities s	since leav	ing Marygrove	? YES	_ NO
If yes please list schools and date	es of attendance:				
1					
2					
3					
Additional schools may be listed	on the opposite side	of this fo	rm.		
You must submit an official trans submitted electronically through mail it should be addressed to M 8425 West McNichols Road, Det	n Docufide, Scrip Safe, Narygrove College, Re	, or the N	ational Student	t Clearingho	ouse. If sent by
Student Attendance Information By			Clearinghouse:		