

Application for Reinstatement

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

Please pay the \$15.00 Reinstatement Fee in the Enrollment Center the fee applies to undergraduate students only

When complete fax this form 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 Marygr	rove	
Were you in good academ	ic standing when you left Marygrove YESNO	
•	must submit a letter addressed to the Academic Review Committee attent ason you believe you should be readmitted.	tion the
Major	Minor	
What term do you plan on	re-enrolling: Fall Winter Summer Year	
Have you attended any oth	her colleges or universities since leaving Marygrove? YES NO	
If yes please list schools an	ıd dates of attendance:	
1,		
2		
Additional schools may be	listed on the opposite side of this form.	
I understand that failure to College.	o disclose all previously attended institutions may result in my dismissal fro	om Marygrove
Student Signature	Date	_
electronically through Doc	al transcript for reinstatement from each school listed. The transcript may builde, Scrip Safe, or the National Student Clearinghouse. If sent by mail it stollege, Registrar's Office, attention Transfer Credit Staff, 8425 West McNi	should be
	ormation Verified at National Student Clearinghouse:	
By	Date	