

APPLICATION FOR REINSTATEMENT

Spelman College - Office of the Registrar
350 Spelman Lane, S.W. Atlanta, GA 30314
Phone: 404.270.5230-3, Fax: 404.270.5234

DEADLINES FOR REINSTATEMENT:	FALL SEMESTER -	JUNE 30
	SPRING SEMESTER -	NOVEMBER 30

TODAY'S DATE _____

NAME _____ Student ID Number _____
(or Last four digits of SSN)

CLASSIFICATION _____ SEMESTER LAST ATTENDED _____

EXPECTED DATE OF RETURN _____

STUDENT'S SIGNATURE: _____

ADDRESS WHERE YOU MAY BE REACHED:

(Street Address)

(City, State Zip Code)

(_____) _____
(Telephone No.)

REASON FOR YOUR ABSENCES FROM SPELMAN:

FINANCIAL MEDICAL PERSONAL
 ACADEMIC DISMISSAL OTHER _____

WERE YOU GRANTED PERMISSION TO ATTEND ANOTHER COLLEGE DURING YOUR ABSENCE?

YES _____ NO _____

Name of College you attended

IF YES, THE REGISTRAR'S OFFICE WILL NEED AN OFFICIAL COPY OF YOUR ACADEMIC TRANSCRIPT AS WELL AS, A COPY OF YOUR FINANCIAL AID TRANSCRIPT WHETHER OR NOT YOU RECEIVED FINANCIAL AID FROM THAT SCHOOL.

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

BALANCE \$ _____ GPA _____

Approved [] Not Approved []