

APPLICATION FOR REINSTATEMENT

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

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

DATE _____
NAME _____ SC ID _____
CLASSIFICATION _____ SEMESTER LAST ATTENDED _____
EXPECTED SEMESTER OF RETURN _____

CONTACT INFORMATION:

(Street Address)

(City, State Zip Code)
(_____) _____
(Telephone No.)

(e-mail address)

REASON FOR YOUR ABSENCE FROM SPELMAN:

FINANCIAL MEDICAL PERSONAL
 ACADEMIC DISMISSAL OTHER _____

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

YES _____ NO _____
Name of College attended _____

If you attended another institution while you were away, you will need to have an official copy of that institution's transcript sent directly to the Office of the Registrar at Spelman College.

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

BALANCE \$ _____ GPA _____

Approved []

Not Approved []