

NOTIFICATION OF INTENTION TO RETURN TO TRINITY COLLEGE

Students who have a status of Withdrawn must submit this completed form to request readmission no later than March 1 for the Fall semester, and October 1 for the Spring semester.

FINANCIAL AID APPLICANTS: Please submit directly to the Financial Aid Office, financial-aid@trincoll.edu. If not requesting financial aid, please submit directly to the Registrar's Office, registrar.office@trincoll.edu .

Section I: To be completed by all students

Name _____	Trinity ID # _____
E-Mail Address: _____ (e-mail address currently in use, either Trinity or personal)	Cell Phone # _____
Permanent Address: _____	
Requesting return to Trinity for the following semester and year: _____	
<input type="checkbox"/> Check here if you have requested financial aid for the semester in which you intend to return to Trinity College	
<input type="checkbox"/> Check here if you have not and will not request financial aid for the semester in which you intend to return to Trinity College	
_____ Student Signature	_____ Date
_____ Parent Signature	_____ Date

Section II: Signatures required for all students

A. I acknowledge that the student's account at Trinity has been paid in full for past charges.	
_____ Dina Jorge, Student Accounts & Loans Manager	_____ Date
B. I acknowledge that, apart from a standard Required Withdrawal from which he or she may currently be petitioning to return, the student named above has no academic or social infraction, or stipulation, to prevent return to Trinity College.	
_____ Ann Reuman, Senior Associate Dean of Students	_____ Date
C. I acknowledge that the student has consulted the Office of Student Success and has identified strategies for a successful transition back to the College.	
_____ Roberta Rogers, Director of Student Success	_____ Date

Section III: Signatures required for Financial Aid Applicants only

I acknowledge that I have completed and submitted all materials necessary to be considered for financial aid for the semester in which I intend to return to Trinity College.	
_____ Student Signature	_____ Date
_____ Parent Signature	_____ Date
I acknowledge that I have received all financial aid materials necessary to determine and award financial aid to the student named above.	
_____ Financial Aid Officer	_____ Date