

NOTIFICATION OF INTENTION TO RETURN TO TRINITY COLLEGE

Instructions: Students who have a status of Withdrawn must submit this form with section 1 completed to request readmission no later than March 1 for the Fall semester, and October 1 for the Spring semester. Students returning from Required Withdrawal must meet with a representative of the Advising Center. Students who plan on requesting Financial Aid for the semester in which they return must also complete Section 4. Submit directly to the Registrar's Office, registrar.office@trincoll.edu.

Section I: To be completed by the student

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.	

Student Accounts & Loans	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

Section III: Signatures required for students returning from Required Withdrawal

I acknowledge that the student has consulted the Center for Academic and Experiential Advising and has identified strategies for a successful transition back to the College.	

Leo Schuchert, Associate Director of the Advising Center	Date

Section IV: 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 intent to Return to Trinity College	

Student 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 Office	Date