

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**Instructions: Students who have a status of Withdrawn must submit this form with section 1 completed to request readmission no later than March 1 for the Fall semester, and October 1 for the Spring semester.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

*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