## Carthage College Institutional Readmission Form

Students who wish to return to Carthage College at a later date must fill out the *Institutional Readmission* form. This form must be completed three weeks prior to the fall and spring semester, and four week prior to J-term for consideration. All request for readmission will be considered by the Subcommittee for Academic Review and Recommendation (SARR), and decisions are final. Students withdrawing after November 1<sup>st</sup> with medical or personal crises are only eligible to reenroll for the beginning of spring or fall semester (not J-Term).

| Last Name   | First            |             | M.I.           | I.D. Nu   | mber     |         | Date          | _      |
|---|------------------|-------------|----------------|-----------|----------|---------|---------------|--------|
| Sex: M F TR   |                  | Year a      | at Carthage    | 1         | 2        | 3       | 4             |        |
| Email Address:  |                  |             |                |           |          |         |               | -      |
| Intended Housing Status: (Circ  | cle) Resi        | dential     | Commuter       | Off-      | Campus   |         |               |        |
| Anticipated Year and Term of F  | Readmission:     | Year        |                | Term (    | Circle): | Fall    | J-Term        | Spring |
| (Please be aware that Carthag<br>until they reach senior academ<br>appropriate housing or related<br>requirement/.) | ic standing. Vi  | sit to lear | n more about   | the resid | ency rec | quireme | nt and to red |        |
| Have the issues/concerns which  | ch contributed t | o your ori  | ginal withdraw | al from ( | Carthage | been r  | esolved?      |        |
| (Circle) YES  | NO               |             |                |           |          |         |               |        |
| Please describe how the issue   | s/concerns hav   | e been re   | esolved.       |           |          |         |               |        |
|   |                  |             |                |           |          |         |               |        |
|   |                  |             |                |           |          |         |               |        |
|   |                  |             |                |           |          |         |               |        |
|   |                  |             |                |           |          |         |               |        |
|   |                  |             |                |           |          |         |               |        |

## **Personal Statement**

Please attach a statement outlining your plan to be successful at Carthage upon return, based upon the unique circumstances of your original departure. Also, please attach any supporting documentation (letters from appropriate medical professionals, employers, or others as appropriate).

Note: No student withdrawn from Carthage will be permitted to register for classes without an approved *Institutional Readmission Form*.

## **College Course Work**

Have you taken any college course work since you have been away from Carthage?

Circle: YES NO If YES, please list below:

| Institution:  | Date of Att           | endance:      | Number of credits completed:              |  |  |  |  |  |  |
|---|-----------------------|---------------|---|--|--|--|--|--|--|
|   | 200001100             |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
| Please submit an official transcript for all courses taken at the institutions listed above. Transfer credit will not be awarded until all official documents have been received. Coursework still in progress should be submitted upon completion of the course(s). Transcripts must be sent directly from the institution, or delivered in a sealed envelope marked by the transfer school as "official documents" for consideration. |                       |               |   |  |  |  |  |  |  |
| By signing below, you attes   | t that the informatio | n you provide | ed in this document is accurate and true: |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
| Student Signature   |                       |               | Date                                      |  |  |  |  |  |  |
| For Office use only:  |                       |               | <del></del>                               |  |  |  |  |  |  |
| Registrar:  | No Concerns           | Concern       | s (See provided information)              |  |  |  |  |  |  |
| Office of Student Accounts:   | No Concerns           | Concern       | s (See provided information)              |  |  |  |  |  |  |
| Division of Student Affairs:  | No Concerns           | Concern       | s (See provided information)              |  |  |  |  |  |  |
| Decision of the SARR Committee:   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |
|   |                       |               |   |  |  |  |  |  |  |

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