

WASHINGTON AND LEE

U N I V E R S I T Y

LEXINGTON, VIRGINIA 24450-2116

APPLICATION FOR REINSTATEMENT

Please print or type.

Instructions: This application, along with all required materials, must be returned to the Office of the Dean of the College. No action on reinstatement can be taken by the Committee on Reinstatement until all of the required materials have been received. Deadlines for receipt are **November 15, March 1, and July 1** for winter, spring, and fall terms, respectively. It is the applicant's responsibility to verify that the application and all supporting materials are received prior to the deadline.

(Please check boxes indicating material you are having sent.)

1. This application, properly completed.
2. If applicant attended another college or university since leaving Washington and Lee:
 - (a) an official transcript of all work completed.
 - (b) a current catalog of the college(s) attended.
 - (c) a letter from one of your instructors indicating academic progress and promise.
 - (d) a letter from the dean verifying eligibility to return to or continue at the institution and explaining any period(s) of probation. (See required form attached for dean's statement.)
3. If applicant served in the armed forces since leaving Washington and Lee:
 - (a) a letter from last commanding officer indicating satisfactory performance or duty.
 - (b) evidence of honorable release from the armed forces.
4. If applicant was employed since leaving Washington and Lee:
 - (a) a letter from each employer indicating applicant has performed in a satisfactory manner.
5. If withdrawal was for medical, emotional, or psychological reasons:
 - (a) a letter from a treating physician, psychologist or counselor indicating applicant is ready to return to college. (See required form attached for consent to release the other case information.)

Upon receipt of this material, your application will be submitted to the Committee on Reinstatement, and you will be informed of its decision. *The committee meets in the weeks following each deadline and will make its decision in light of the above information and after consideration of the student's academic record at Washington and Lee. A student will not be reinstated if required progress toward graduation is not feasible, or if continued separation is considered to be in the best interest of the student or the University.*

* * * * *

Name of Applicant _____

Home Address _____ Zip Code _____

Present Address _____ Zip Code _____

Present Telephone Number () _____ Present E-mail Address _____

Name(s) of Parent(s) or Guardian(s) _____

Address _____ Zip Code _____

Date you wish to re-enter Washington and Lee _____

Dates of Attendance at Washington and Lee _____

Reasons for Leaving Washington and Lee _____

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

Committee action _____ Return as _____

Remarks:

Please return to the Office of the Dean of the College

Activities since leaving Washington and Lee:

College(s) attended (use additional sheet if necessary)

Name of College	Location	Dates
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Name of College	Location	Dates
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Military Service

(Which branch, where)	Dates
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Employment (use additional sheet if necessary)

Name of Employer	Address	Dates
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Name of Employer	Address	Dates
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If you are reinstated to Washington and Lee, what would your major(s) be? _____

Would it be your hope to graduate from Washington and Lee after you have completed the required number of academic terms in residence?

Yes _____ (Expected graduation date: _____)

No _____ (If no, please explain.)

Since you were last enrolled at Washington and Lee, have you been convicted of any honor violation, placed on probation, suspended or dismissed from any school, or have you been arrested, charged or convicted of any offense which arrest, charge or conviction has not been expunged (other than parking violations), or are any such charges pending against you?

No _____

Yes _____ (If yes, please provide a written explanation.)

Please return to the Office of the Dean of the College

Write below why you wish to re-enter Washington and Lee, and if you fell under the Automatic Rule or were on academic probation, why you believe you can now do satisfactory work at Washington and Lee. *Please be candid and address your situation completely.* You may wish to attach a letter in order to set forth your reasons fully.

I certify that the answers and information provided in the application are accurate and complete and that I have a continuing duty to inform the Chair of the Committee on Automatic Rule and Reinstatement of any changes to the information provided. I understand further that any false, misleading or incomplete answers or statements made in this application constitute grounds for rescission or dismissal at the option of the University.

(Date)

(Signature)

Washington and Lee University does not discriminate on the basis of race, color, religion, national or ethnic origin, sex, sexual orientation, age, disability, or veteran's status in its educational programs and activities or with regard to employment. Undergraduate student inquiries about this policy should be directed to the Vice President of Student Affairs, Elrod University Commons, (540) 458-8754, law student inquiries to the Associate Dean for Student Services at the School of Law, (540) 458-8533, and employment inquiries to the Executive Director of Human Resources, Early-Fielding, (540) 458-8920, Washington and Lee University, Lexington, Virginia 24450-2116.

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For students who attended another institution since leaving W&L

Statement of Eligibility to Continue or Return for Reinstatement Application (2d.)

To Student: Please complete this section before giving to each host institution's Dean.

Student's Name _____ First _____ Middle _____ Last _____

Permanent Home Address _____ Street _____ City _____ State _____ Zip _____

() _____
Phone (with area code) _____ Date of Birth _____

I give my permission for the appropriate dean at _____
to respond to the questions below. _____ Host Institution

Signature _____ Date _____

Dates of enrollment:

Academic Term and year _____ Credits registered _____

Academic Term and year _____ Credits registered _____

Academic Term and year _____ Credits registered _____

Status (please check all that apply)

Eligible to continue or return

On academic probation

On social probation

Comments or explanations:

Dean's printed name and signature

Title _____ Date _____

Please return to the Office of the Dean of the College, Washington and Lee University, Lexington, VA 24450-2116.

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Confidential Health Care Information Consent to Release for Reinstatement Application (5a.)

Please return to the Office of the Dean of the College

Student Information:

Name _____

DOB _____ SSN _____

Address _____

Phone () _____ E-mail address _____

Physician/Counselor Information:

Name _____

Address _____

Phone () _____ Fax () _____

Person, agency or provider to whom disclosure is to be made:

Washington and Lee University
Student Health Center
Lexington, VA 24450-2116
Phone (540) 458-8401
Fax (540) 458-8404

or

Washington and Lee University
University Counseling Service
Lexington, VA 24450-2116
Phone (540) 458-8590
Fax (540) 458-8989

Information or records to be disclosed:

As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a full-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center and/or Counseling Service providers will make a recommendation to the Reinstatement Committee based on this confidential health care information regarding reinstatement, as well as any requirements for ongoing care on my return to Washington and Lee University. This information and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University, and will not be re-disclosed without my separate written consent, unless such disclosure is permitted by law.

Signature _____

Date _____