

Complete and return this form to:
Labouré College
Attn: Office of the Registrar
303 Adams Street, Milton, MA 02186
Fax: (617)296-7947 or Email: Registrar@laboure.edu

Date	Student ID#	Student Name
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Reinstatement Policy:

Students in good standing that have voluntarily or have been administratively withdrawn from the College for any reason may seek reinstatement within one semester (15 weeks) of the withdrawal date by requesting Reinstatement. The Reinstatement Request Form is located on my.laboure.edu, the Student Success Center, and at the Welcome Center.

The Division Dean or Program Chair must approve the reinstatement. The student must be financially cleared through the Student Accounts Office and have academic and student conduct clearance.

Upon reinstatement, the student will be required to meet with an Academic Advisor in the Student Success Center prior to course registration. Reinstated students will be required to attend at least one course within a semester of reinstatement or be administratively withdrawn from the College due to non-attendance.

Students may apply for Reinstatement only once. If subsequently withdrawn, the student will be required to apply for Readmission through the Admissions Office.

Student Statement & Signature

Program I am seeking reinstatement into: _____

Please provide a brief statement outlining the reason you are seeking Reinstatement

By signing, I acknowledge that I have read this form and understand that I am requesting to be reinstated to a program. I understand that I must be cleared financially, academically, and I cannot have any student conduct violations. This request must be approved by the Division Dean or Program Chair. I am aware that I will be reinstated under the same catalog year I was accepted under.

Student Signature: _____ Date: _____

Office of the Registrar:

Student GPA

Withdrawal Date

Withdrawal Reason

Catalog Year

Student Accounts Clearance: ☐ Cleared ☐ Not Cleared

Academic Standing: ☐ Good Standing ☐ Not in Good Standing

Student Conduct: Good Standing Not in Good Standing

Program Dean or Chair Approval

☐ Approved

☐ Approved with Conditions

☐ Denied

Additional Comments:

Program Dean or Chair Signature: _____ Date: _____

Registrar Use Only

Processed by: _____ Date: _____