

STUDENT DEMOGRAPHIC INFORMATION

LAST NAME		FIRST NAME	
STUDENT ID #	MAJOR	START DATE	EXPECTED GRAD DATE
PERMANENT ADDRESS INFORMATION			
STREET		CITY	STATE ZIP
PHONE NUMBER		E-MAIL (personal; not Olin)	

STATUS CHANGE INFORMATION

EFFECTIVE SEMESTER: _____

REASON FOR RETURN (documentation may be attached if needed)

COURSE PLAN FOR COMPLETION OF DEGREE – list all Olin and non-Olin courses needed. (Degree plan may be attached if needed.)

Do you plan to live on campus (must live on campus for eight total semesters)? If yes, please contact Patrick Clarkson as soon as possible.

___ YES ___ NO

Upon readmission, please reach out to Adva Waranyuwat at adva.waranyuwat@olin.edu for advisor assignments.

STUDENT SIGNATURE: _____ **DATE:** _____

By applying for a return to Olin College, I understand that I will be responsible for all tuition, fees and room/board (as applicable) beyond the eight semester scholarship. I further understand that additional audits beyond that for my major will be required to verify degree completion.

Approval Dean of the College:
DATE: