

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 Seth Hodge as soon as possible.

___ YES

___ NO

In order to assign you a faculty adviser, please go to the [Adviser Reassignment Form](#) to list your preferences for an adviser.

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: