



Manor College Reinstatement Form

Students who have graduated or have withdrawn from Manor College and wish to return to an Associate or Bachelor program must complete the Reinstatement Application to be considered to return to the College. This request is to be completed and sent to the Office of the Registrar for approvals and processing. By way of this online form, by updating your personal information from what we have on record, you are authorizing the College to update its official records.

Students who have been academically suspended must first appeal to return.

*Dental Hygiene Students must apply through Admissions. *

Name: _____	Date of Birth: _____
Maiden Name: _____	Student ID # or SS: _____
Address: _____	City/State/zip: _____
Email Address: _____	Contact Number: _____

Reason for Reinstatement:

Withdrew Reason (Circle one): *Medical, Personal, Military* Last Year Attended: _____ Program: _____

Manor Graduate Semester/Year: _____ Degree Program: _____

If reinstated, when do you plan to enroll? FA SP SU1 SU2 YEAR 20_____

Have you earned credits from any other College/University since you last attended Manor? (If yes, please forward all transcripts to the Registrar's Office for evaluation.) Yes No

Intended Course Load: Full Time (12 or more credits) Part Time (11 credits or less)

Will you need access to Manor College resources? Please Circle. Manor email Student Portal

To be completed by Manor Graduates Only:

Desired Major/Degree Program of study: _____ Associate Bachelor

To be completed by Withdrawn Students Only:

Will you be changing majors? _____ If so, which program? _____ Associate Bachelor

Previous Advisor Signature: _____

New Advisor Signature: _____

Date: _____

Date: _____

*Withdrawn students require signature from advisors in order to change major. Failure to do so will delay reinstatement.

Signature

Students remain fully responsible for all Manor College fees, any outstanding fines, and repayment of financial aid as mandated by the Federal Government. By SIGNING YOUR NAME, you confirm that the information entered into this form is true, you have read the terms and conditions, that you understand them, and that you agree to be bound by them by way of signature. *

Student Signature: _____

DATE: _____

Bursar Approval

Financial Aid Approval

Registrar Approval
