Wentworth INSTITUTE OF TECHNOLOGY

Request for Academic Reinstatement

-	rn to Wentworth Institute o Once all required signatures							Request for Academic Reinstatement pproved.
TO BE COMPLETED BY STUDENT								
Student Name:			Email:				WIT ID:	
Address:			City:		State:			Zip:
Current College:			Current Major:			Last Term Enrolled:		
Reason for Absence: (Check all that apply)	Voluntary Leave of Absence		Withdrawal			Academic Sanction - Probation/Dismissal		
	Complete Final Degre	e Requirem	ients Milita		Military De	Deployment		
	Student Affairs Sancti	on - Susper	ision/Dismissal			ing from a Student Affairs Sanction, a signature from Affairs is required.		
Returning Semester: Fall			Spring		Summer		Year:	
CHECK ALL THAT APPLY								
Do you plan to change your major? Yes				No	If yes, please complete Change			f Major Form
Are you an International Student? Yes				No	If yes, please contact Internatior			al Student Services
Have you been adjudicated guilty or convicted of a felony?				No	If yes, please explain below.* Student Affairs Signature required.			
Explanation*:								
SIGNATURES								
Student Signature:								Date:
School Approving Sign	ature						Date:	
Typed Name of Designated Approver:						Date:		
Director of International Student Services:							Date:	
Student Affairs Signature (if applicable):								Date:
TO BE COMPLETED BY DEAN'S OFFICE								
Request Approved Anticipated Graduation Date:								
Request Denied Catalog Yes			ear:					
			TO BE CON	MPLETED BY REGISTRA	AR'S OFFICE			
Student Notified Processed			l By:			Date:		
Academic Reinstatement Guidelines All students seeking reinstatement from a Leave of Absence or Withdrawal should initiate this process 30 days prior to the start of the semester in which they wish to enroll. The condition of the separation will determine the process a student follows. *Withdrawal If a student officially withdrew from the University and wishes to be reinstated, the Dean of their academic program will review the student's academic record prior to any action being taken (including course selection, registration, and housing assignments). **Leave of Absence after one semester. Students who wish to return at the end of their one-semester Leave of Absence must initiate their return by submitting a Request for Academic Reinstatement form to the Registrar's Office at least 30 days prior to the start of the semester in which they intend to enroll. ***Students are not required to answer "yes" to this question if the criminal adjudication or conviction has been expunged, sealed, or otherwise ordered by a court to be kept confidential.								
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Registrar's Office | 550 Huntington Avenue | Boston, Massachusetts 02115-5990 Tel (617) 989-4950 | Email: registrar@wit.edu