

Readmission Application

First Name _____ Last Name _____

Name when last registered at MHC (if different) _____

Semester you plan to enroll as a full-time student: ☐ Fall ☐ Spring Academic Year _____

Email* _____ Phone Number _____ Date of Birth (mm/dd/yy) _____

Address _____ City _____ State _____ Zip Code _____

Country _____ Are you a United States citizen? ☐ Yes ☐ No

Last semester/year you attended Mount Holyoke _____

Reason for Withdrawal: ☐ Academic
☐ Medical ☐ Financial ☐ Personal

In the space below, list in chronological order all schools attended (including dates of attendance) since your last registration at Mount Holyoke. If you intend to request transfer credit for courses taken at these institutions, please detail that information as well. If you have not attended any institutions, write "none".

Statement of Purpose

On a separate sheet, please detail your:

- a) Reason(s) for leaving
- b) Readiness to return to the College (challenges or opportunities that have impacted your abilities to be academically successful)
- c) Graduation plan (how many semesters you plan to be here, remaining requirements, anticipated major, etc)

*Decisions or questions regarding your application will be sent to the email address provided on this application.

I certify that my statements are true and complete to the best of my knowledge.

Signature _____ Date _____