



# Simmons College

## Application for Undergraduate Readmission to the College

If you are a withdrawn undergraduate student, you may request approval for readmission by completing the Request for Readmission packet (5 forms). Please return all forms and official transcripts (if appropriate) to the Office of the Registrar, Simmons College, 300 The Fenway, Boston, MA 02115, allowing sufficient time (six to eight weeks) for the review of your application for readmission. Students who left with an academic sanction will need the approval of the Administrative Board as well. Questions should be directed to [registrar@simmons.edu](mailto:registrar@simmons.edu) or 617-521-2111.

If you have taken courses since you left Simmons and you would like them to be considered for transfer credit, enclose an official copy of the transcript. These courses will be evaluated upon readmission approval.

If readmitted, you will be responsible for all College requirements and policies in place at the time of readmission including the all-College, Major, and Minor requirements. You are encouraged to carefully review the Course Catalog at [www.simmons.edu/academics/catalog](http://www.simmons.edu/academics/catalog). The calendar and course schedules are at <http://www.simmons.edu/academics/calendar> and <https://aarc.simmons.edu>.



# Application for Undergraduate Readmission to the College

Application for (please indicate year):	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____
--	-------------------------------------	---------------------------------------	---------------------------------------

Name: \_\_\_\_\_ Simmons ID \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

When did you attend Simmons? From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Why did you leave the College? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you leave in good academic standing? Yes \_\_\_\_ No \_\_\_\_ (Students who were excluded from the college, had their degree candidacy revoked, or left on probation must be approved by the Administrative Board. These students must file a Petition to the Administrative Board well in advance of their planned start date.)

What is your department of interest/intended major? Department: \_\_\_\_\_

What have you been doing since you left the College? Please answer in detail. You may attach additional pages if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Application for Undergraduate Readmission to the College

## Department of Interest/Major

To the applicant: Prior to returning to the College, you will need written approval from the department in which you intend to major. If you have not yet decided on a concentration, choose the department in which you have the strongest interest. Please complete this form and mail it back to the Office of the Registrar along with your other readmission documents. If you are readmitted, you must fulfill the requirements of the major that are in place at the time of your readmission.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Proposed semester of return to the College: \_\_\_\_\_

Department of intended major: \_\_\_\_\_

To be completed by the department representative. Please review this readmission request promptly (see attached student statement and academic transcript) and return it to the Office of the Registrar. For further information, call x2103.

The department \_\_\_\_\_ approves \_\_\_\_\_ denies  
this student's application for readmission.

The following conditions must be met before readmission can be approved:

\_\_\_\_\_

\_\_\_\_\_

If denied, please indicate reason(s) : \_\_\_\_\_

\_\_\_\_\_

Signature of department representative: \_\_\_\_\_

Date: \_\_\_\_\_



## Application for Undergraduate Readmission to the College

### Office of the Dean for Student Life

To the applicant: Prior to returning to the College, you will need written approval from the Dean for Student Life. Please complete this form and mail it back to the Office of the Registrar along with your other readmission documents.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Proposed semester of return to the College: \_ \_\_\_\_\_

To be completed by the Office of the Dean for Student Life. Please review this readmission request promptly and return it to the Office of the Registrar. For further information, call x2103.

The Office of the Dean for Student Life \_\_\_\_\_ approves \_\_\_\_\_ denies this student's application for readmission.

The following conditions must be met before readmission can be approved:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Simmons College

## Application for Undergraduate Readmission to the College

### Health Center

To the applicant: Prior to returning to the College, you will need written approval from the Simmons College Health Center. Please complete this form and mail it back to the Office of the Registrar along with your other readmission documents. If your application is denied, you must resolve any outstanding requirements with the Health Center before your application will be considered approved.

To be completed by the applicant:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name while a student (if different): \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Proposed date of return to the College: \_ \_\_\_\_\_

To the Health Center: Please review this readmission request promptly. Questions regarding the student record should be directed to the student. This completed form should be returned to the Office of the Registrar ( questions to x2103).

This office \_\_\_\_ approves \_\_\_\_ denies this request for readmission.

If denied, please provide contact information of Health Center representative for use by student:

\_\_\_\_\_  
Signature of Health Center representative: \_\_\_\_\_ Date: \_\_\_\_\_



# Simmons College

## Application for UG Readmission to the College Student Financial Services

To the applicant: Prior to returning to the College, you will need written approval from Student Financial Services. Please complete this form and mail it back to the Office of the Registrar along with your other readmission documents. If your application is denied, you must resolve any outstanding issues with Student Financial Services before your application will be considered complete.

To be completed by the applicant:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone #: \_\_\_\_\_

Proposed date of return to the College: \_\_\_\_\_

To Student Financial Services: Please review this readmission request promptly. Questions regarding the student's account should be directed to the student. This completed form should be returned to the Office of the Registrar (questions to x2103). If denied, the student will be referred to your office.

This office \_\_\_\_ approves \_\_\_\_ denies the request for readmission.

If denied, please complete name and contact information of Student Financial Services representative for use by student:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Student Financial Services representative: \_\_\_\_\_ Date: \_\_\_\_\_