



HAMPDEN-SYDNEY COLLEGE

Reenrollment Application

FORM DUE DATES:

JULY 1ST - FALL SEMESTER

DEC. 1ST - SPRING SEMESTER

APRIL 1ST - SUMMER TERM

Inter-College Request for Information

INSTRUCTIONS TO THE STUDENT:

Please type or print your name and address, sign the release form statement below, and give this form (along with an envelope addressed to the Office of Student Affairs, c/o Reenrollment Committee, P. O. Box 5, Hampden-Sydney, Virginia 23943) to the Dean of Students at the last institution you attended. Your application cannot be evaluated until this form is on file at Hampden-Sydney College.

Name _____
LAST FIRST MIDDLE JR. III, ETC.

Address _____
STREET CITY STATE ZIP CODE

RELEASE FORM

I have applied for reenrollment to Hampden-Sydney College and ask that you release the information requested below.

Student Signature _____ Date _____

INSTRUCTIONS TO THE DEAN OF STUDENTS:

Please supply the following information about this student, and return this form to the Office of Student Affairs, c/o Reenrollment Committee, P. O. Box 5, Hampden-Sydney, Virginia 23943, at your earliest convenience. Please use the reverse side of this form for any further information or comments. Thank you.

STUDENT INFORMATION

Dates student attended your institution _____

What disciplinary action, if any, has been taken against the student while enrolled in your institution? (Explain, giving dates.)

Insofar as you know, does the student's physical condition, physical health, or mental health interfere with his progress in college study? Yes No

If answer is yes, please give details: _____

Is the student eligible to return to your institution? Yes No

If he is not eligible to return, under what conditions would you consider his reenrollment?

Your Name (*print*) _____

Title or Position _____

School _____ School telephone (_____) _____

School Address _____
STREET CITY STATE ZIP CODE

Signature _____ Date _____