

ST. LAWRENCE UNIVERSITY

APPLICATION FOR READMISSION FROM A PERSONAL WITHDRAWAL, MEDICAL WITHDRAWAL, TRANSFER WITHDRAWAL, ADMINISTRATIVE WITHDRAWAL, LEAVE OF ABSENCE OR DISCIPLINARY SUSPENSION

Name: _____

SLU ID #: _____

Mailing Address: _____

Street & Apartment #: _____

City and State: _____

Country: _____

Zip: _____

Email address (other than SLU email): _____

Phone Number (if only cell phone use N/A): _____

Cell Phone: _____

Application for readmission must be received 60 days prior to the start of the term.

Application for Academic Year: _____

Semester:

Fall

Spring

Summer

Complete the following, using additional sheets if necessary.

1. Why did you leave St. Lawrence? Please explain in as much detail as possible.

2. How has your time away from St. Lawrence influenced you? Please describe any positive and/or negative impact.

3. Describe any academic and/or non-academic (paid or voluntary) work you have undertaken while away from St. Lawrence.

For Readmission from a Medical Withdrawal:

1. You must outline how you have worked on the problems which led to your medical withdrawal and your plan for a successful transition back to college. (If this question does not pertain to you situation, please write N/A below)

2. The Vice President and Dean of Student Life must receive a letter of clearance from your medical or mental health professional. This letter should give professional assurance that your condition has stabilized and that there is reasonable assurance that you can successfully resume your career at St. Lawrence. The letter should be faxed or mailed to the number or address listed below (**emails from medical professionals will not be accepted.**)

Date: _____

Signature:

This form may be returned by email, studentlife@stlawu.edu, fax (315 229-7457) or mailed to Vice President and Dean of Student Life Office, St. Lawrence University, 23 Romoda Drive, Canton NY 13617.