



APPLICATION FOR REINSTATEMENT

TO THE APPLICANT: All applicants should read the reinstatement instructions before completing this form. Students returning from a **Medical Leave of Absence** – do *not* use this form. Contact the Office of Student Affairs at: **studaff@risd.edu** or **401.454.6600** for Medical Reinstatement Instructions.

International Students: The Office of International Student Services cannot process immigration paperwork until the reinstatement has been fully approved. The application should be submitted earlier than deadlines below to allow for additional processing.

Deadlines:

Fall re-entry: Return form by **April 1** (undergraduates) or by **February 15** (graduates)
Winter/Spring re-entry: Return form by **October 1**

Notes:

(1) Once a student has started at RISD, a grand total of no more than 12 credits will be transferred in, which includes coursework taken while on leave.

(2) Any reinstated student who has been separated from RISD for four years or more must satisfy graduation requirements in effect and published at the time of his or her reinstatement.

Name (print): _____ **RISD ID#:** _____ **Date of Birth:** ____/____/____

Address: _____
Street Address

_____ City State Zip Country

Email: _____ **Phone:** _____

Under what circumstances did you leave RISD?

_____ Personal Leave of Absence _____ Military Service
_____ Academic Reasons _____ Other _____
_____ Financial Reasons

Information about your status upon return:

Class Level (circle one): Graduate / Undergraduate

Expected Return Semester (circle one): Fall Winter Spring **Year:** _____

Intended Major: _____ **Anticipated Graduation Date** (e.g. June, 2015): _____

Contact your major Dept Head/Grad Program: Obtain their signature once conditions of return have been agreed upon.

Dept Head Signature/Grad Program Director: _____ Date: _____

(Signing indicates approval for applicant to return as listed above. Student will submit completed 'Application for Reinstatement' form to the Registrar's Office.)

On the next page: Provide a brief explanation as to why you wish to return to RISD, as well as how your time was spent during your Leave of Absence. Return completed form to the Registrar's Office.

Student Signature: _____

Date: _____

Student Explanation:

Return completed form to the Registrar's Office (20 Washington Place, 1st floor)

Address Information: Rhode Island School of Design
Office of the Registrar
Two College Street
Providence, RI 02903-2784

registrar@risd.edu
401.454.6151 phone