

**STUDENT DEMOGRAPHIC INFORMATION**

_____ LAST NAME	_____ FIRST NAME		
_____ STUDENT ID #	_____ MAJOR	_____ START DATE	_____ EXPECTED GRAD DATE
<b>PERMANENT ADDRESS INFORMATION</b>			
_____ STREET	_____ CITY	_____ STATE	_____ ZIP
_____ PHONE NUMBER	_____ E-Mail (personal; not Olin)		

**STATUS CHANGE INFORMATION**

EFFECTIVE SEMESTER: \_\_\_\_\_

REASON FOR RETURN (documentation may be attached if needed)

\_\_\_\_\_

COURSE PLAN FOR COMPLETION OF DEGREE – list all Olin and non-Olin courses needed. (Degree plan may be attached if needed.)

\_\_\_\_\_

Do you plan to live on campus (must live on campus for eight total semesters)?  
If Yes, please contact Nick Tatar as soon as possible \_\_\_ YES      \_\_\_ NO

Do you have a preference for an adviser?  
If Yes, please list five choices in preference order (with most preferred first) \_\_\_ YES      \_\_\_ NO

\_\_\_\_\_

<b>STUDENT SIGNATURE:</b>	<b>DATE:</b>
_____	
<p><b>By applying for a return to Olin College, I understand that I will be responsible for all tuition, fees and room/board (as applicable) beyond the eight semester scholarship. I further understand that additional audits beyond that for my major will be required to verify degree completion.</b></p>	

<b>PROGRAM CHAIR APPROVAL:</b>	<b>DATE:</b>
<p><b>(Student's Academic Course Plan will Satisfy Major Requirements)</b></p>	

**Approval by Asst Dean of Student Affairs:**  
**DATE:** \_\_\_\_\_

Original: Registrar Student File

GRAD CAT YR \_\_\_\_\_ Processed Date \_\_\_\_\_ by: \_\_\_\_\_