



Phone 617-253-4861
Fax 617-253-7293
<http://web.mit.edu/uaap/s3>

UNDERGRADUATE APPLICATION FOR READMISSION

Fall deadline: **June 15**

Spring deadline: **November 15**

Instructions: Undergraduate students requesting readmission from a Voluntary, Medical, or Required Withdrawal should use this application. Please review all three pages carefully. This application must be received by the deadlines above to be considered for readmission. Supporting documentation (e.g., Letters, References, Transcripts) will be accepted up to two weeks (July 1/December 1) after the deadline. **All deadlines are firm.** Applications will be reviewed only when they are complete. Students will be notified of a decision on their application on or around August 10th for a Fall return and January 10th for a Spring return.

Personal Information

Last Name, First Name

MIT ID Number

Current Street Address

City, State, Zip

Phone Number

Preferred E-mail Address

Type of Withdrawal (Voluntary, Medical, or Required)

Previous Registration at MIT

Semester last registered _____
Fall / Spring _____ Year _____

Status when last registered _____
Entering Year _____ Year (1,2,3,4) _____ Course _____

Advisor _____

Where did you used to live at MIT? _____

Semester Requesting Readmission

Requesting readmission for _____
Fall / Spring _____ Year _____

Requesting readmission into Course _____

Anticipated semesters until graduation _____

Office Use Only

Date Received _____

Citizenship _____

Holds _____

LDA _____

#Wds _____

#Apps _____

___App ___MITXpt

___Xpt ___MITMD

___Emp/Prof ___Dept

___MDDoc ___CoC

___ApptDn ___Dean

Notes:

S3 Committee

___Exp.A ___Exp.D

___Com.A ___Com.D

___Inc/Wd ___Group

Date Reviewed _____

1. **Please attach a statement no longer than 2 pages detailing:**
 - a. What you have been doing during your time away and what you have learned from your experience
 - b. The reasons you feel ready to return
 - c. An assessment of the issues you confronted at MIT and how they have been addressed
 - d. An honest assessment of challenges you might face if readmitted
 - e. A plan for how you will address these challenges

2. **On a separate sheet of paper, please type a chronological, dated list of activities (e.g., classes, jobs, travel) while away from MIT.**

3. **On a separate sheet of paper, please type up your semester-by-semester academic plan for graduation.** This plan should address your completion of the GIR subjects and, in the case of students who have declared a major, the requirements for your major. The plan, and a current MIT transcript with degree audit, should be presented to the faculty member or academic department that will be reviewing the plan for readmission (see #4 below). To obtain a current transcript and audit from the Registrar's Office, order a transcript online at <http://web.mit.edu/registrar/records/transcripts/official.html>, and then email regdocs@mit.edu to request that a degree audit be included with the order. You should discuss your plan with your faculty advisor and/or academic department to determine if graduation requirements are being addressed.

4. **Request a letter from your advisor or department to be sent to S³** This letter should comment on your suitability for readmission, your proposed academic plan for graduation, and have a brief description of anything the advisor or department would like to be taken into consideration as the readmission decision is made. You should obtain this letter from the academic department or program to which you would like to return or in the case of first-year students or undesignated sophomores, from the Office of Undergraduate Advising and Academic Programming (UAAP). The Undergraduate Administrator of the department can help you obtain a letter.

Course 2, 6, 7, and 11 students should be in touch with the Undergraduate Administrator from those departments. First-year and undesignated sophomores should contact their freshman advisor and Dean Donna Friedman in UAAP.

5. **If you attended another college/university while away from MIT**, please request that an official transcript be sent to S³. If the transcript will not be sent by the posted deadline, please ask your instructors/professors to send us an email indicating your standing in the class around the time of the deadline. The Readmission Committee also welcomes letters from instructors or professors who can comment more generally on your performance. Please list your academic activity below. Attach a separate sheet if necessary.

College/University	Course	Dates	Grade

6. **If you were employed while away from MIT**, please request that letters of recommendation/verification from your employer be sent to S³. Letters should include dates of employment, description of responsibilities, hours per week, and an assessment of job performance. Letters should be written on company letterhead and signed. Please list your employment below. Attach a separate sheet if necessary.

Employer/Position	Supervisor Name and Phone	Dates	Hours/week

7. **Did you receive medical and/or mental health treatment while on withdrawal?** Yes No

If “yes”, please complete information in questions 8 and/or 9. Your application will be forwarded by S³ to MIT Medical for review. Once your information is received by MIT Medical (including the letter from your clinician), you will receive an e-mail from S³ referring you to an MIT Medical clinician to discuss your treatment and readiness to return to school. *Please do not contact MIT Medical. MIT Medical will call you to set up an appointment once they have the necessary information.*

8. **If you have been under the care of a mental health professional since leaving MIT**, please request a letter detailing the length, frequency, and nature of treatment, and an assessment of your readiness to return to MIT. Please list your mental health treatment below. Attach a separate sheet if necessary.

Clinician Name	Clinician Phone	Dates of Treatment

9. **If you have been under the care of a physician since leaving MIT**, please request a letter detailing the length, frequency and nature of treatment, and an assessment of your readiness to return to MIT. Please list your medical information below. Attach a separate sheet if necessary.

Physician Name	Physician Phone	Dates of Treatment

10. **Will you be completing the Undergraduate Housing Request Form?** Yes No

A special note about on-campus housing:

Due to limited openings, on-campus housing **will not be guaranteed** for students returning from withdrawal. If you are interested in on-campus housing, in the chance that space becomes available, you should fill out a Return From Withdrawal Housing Application. The form can be found at: <https://odysseyhms-web.mit.edu/hmswebstudent/>. Contact MIT Housing with any questions (W59-200; 617.253.2811).

For assistance and advice on your off-campus housing search, please contact the MIT Off-campus Housing Service, (W59-200; 617.253.4449) or visit, http://housing.mit.edu/off_campus/off_campus_housing.

11. **Are you requesting housing in a fraternity, sorority or independent living group?** Yes No

If “yes”, please contact the fraternity, sorority, or independent living group in which you would like to live. Please keep in mind that space may be limited and housing cannot be guaranteed. Contact the FSILG office (W59-200; 617.253.7546) with any questions.

Signature

Date

Send this application and all supporting materials to the following address:

Student Support Services
ATTN: Readmission Coordinator
Building 5-104
77 Massachusetts Avenue
Cambridge, MA 02139-4307