

**Stockbridge School of Agriculture**  
**APPLICATION FOR RE-ENROLLMENT**

*instructions on reverse side*

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
print Last First Middle Previous Name (if applicable)

Date of Birth      /      /      SPIRE # \_\_\_\_\_  
month day year

Permanent \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
if different from permanent address

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
area code area code

Email Address \_\_\_\_\_

**ACADEMIC INFORMATION**

Planned Entrance  **FALL 20**\_\_\_\_\_  **SPRING 20**\_\_\_\_\_

Intended Major \_\_\_\_\_ Previous Major (if applicable) \_\_\_\_\_

College Currently Attending \_\_\_\_\_  
College/University City/State

**DEADLINES**

FALL SEMESTER: **AUGUST 15**  
 SPRING SEMESTER: **OCTOBER 15**

**RETURN APPLICATION**

Elizabeth Wiernasz  
 211 Paige Lab  
 UMass Amherst  
 161 Holdsworth Way  
 Amherst, MA 01003  
 413-545-3305 413-577-0242 FAX

**DIRECTOR'S APPROVAL FOR RE-ENROLLMENT**

|   |  |                     |
|---|--|---------------------|
| <input type="checkbox"/> <b>Good Academic Standing</b>              | _____  | _____               |
|   | <small>Stockbridge Director Signature</small>        | <small>Date</small> |
| <input type="checkbox"/> <b>Health Reasons</b>                      | _____  | _____               |
|   | <small>Director of Health Services Signature</small> | <small>Date</small> |
| <input type="checkbox"/> <b>Returning from Suspension</b>           | _____  | _____               |
| <small>following satisfactory completion of six (6) credits</small> | <small>Stockbridge Director Signature</small>        | <small>Date</small> |
| <input type="checkbox"/> <b>Disciplinary Reasons</b>                | _____  | _____               |
|   | <small>Stockbridge Director Signature</small>        | <small>Date</small> |

## Stockbridge School of Agriculture

### Application Instructions

1. Complete reverse side of the Application for Re-Enrollment
2. Include **MANDATORY** letter stating your reasons for leaving school and for desiring return\*  
\*if you were on Academic Suspension:
  - explain the reasons for your poor academic performance during the period prior to your suspension;
  - describe what you have been doing since you left Stockbridge;
  - explain why you now feel prepared to return and improve your academic performance
3. Send an official transcript from the college/university where you completed the required six (6) credits. Failure to do so will result in denial of your re-enrollment in the Stockbridge School
4. If you withdrew for health reasons, first send your Application for Re-Enrollment to the Director of Health Services for endorsement before returning your application to the Stockbridge School Director

### Criteria for Re-Enrollment

If your previous withdrawal was:

**in Good Standing:** You are eligible to re-enroll for any academic semester

**for Health Reasons:** You are required to send your Application for Re-Enrollment to the Director of Health Services for endorsement before submitting your application to the Stockbridge School Director

**due to Academic Suspension:** You cannot re-enroll for the next semester

You are required to attend another college/university and complete six (6) credits with a minimum grade of C

You must get prior approval from the Stockbridge School Director for courses taken at another college/university prior to enrolling at the college/university

You are required to submit an official transcript to the Stockbridge School Director showing the completion of a minimum of six (6) credits with a grade of C or higher from the college/university

**due to two (2) Academic Suspensions:** You will be placed on Academic Dismissal  
You will not be permitted to return to the Stockbridge School