

Application for Reinstatement

Instructions: This application, along with all required materials, must be returned to the Office of the Dean of the College. No action on reinstatement can be taken by the Committee on the Automatic Rule and Reinstatement until all of the required materials have been received. It is the applicant's responsibility to verify that the application and all supporting materials are received prior to the deadline. Regular deadlines are 5:00 p.m. US Eastern time November 15 for Winter Term, March 1 for Spring Term, and May 15 or August 1 for Fall Term.

Application Components:

- 1. This application, properly completed.
- 2. If applicant attended another college or university since leaving Washington and Lee:
 - official transcript(s) of all work completed.
 - catalog descriptions or syllabi from courses taken at other colleges/universities.
 - a letter from an instructor indicating academic progress and promise.
 - a letter from a college official verifying eligibility to return to or continue at the other institution and explaining any period(s) of probation. (See required form attached for official's statement.)
- 3. If applicant served in the armed forces since leaving Washington and Lee:
 - a letter from last commanding officer indicating satisfactory performance or duty.
 - evidence of honorable release from the armed forces.
- 4. If applicant was employed or volunteered/performed community service since leaving Washington and Lee:
 - a letter from a supervisor at each position indicating the applicant's responsibilities, number of weeks employed, hours per week worked, and level of performance.
- 5. If withdrawal was for medical, emotional, or psychological reasons:
 - a letter from a treating physician, psychologist or counselor indicating applicant is ready to return to college.
 - signed "Confidential Health Care Information Consent to Release for Reinstatement Application" form
- 6. Any other materials required to fulfill specific expectations established in applicant's withdrawal letter from W&L's VPSA/Dean of Students or the Associate Dean of the College.

Upon receipt of this material, your application will be submitted to the Committee on the Automatic Rule and Reinstatement, and you will be informed of its decision. The committee meets in the weeks following each deadline and will make its decision in light of the above information and after consideration of the student's academic record at Washington and Lee. A student will not be reinstated if required progress toward graduation is not feasible, or if continued separation is considered to be in the best interest of the student or the University.

Full Name of Applicant	Class Year
Home Address, City, State, ZIP	
Present Address, City, State, ZIP	
Present Telephone Number	E-mail Address
Name(s) of Parent(s) or Guardian(s)	
Address, City, State, ZIP	
Term and year you wish to re-enter Washington and Lee _	
Dates of Prior Attendance at Washington and Lee	
Reasons for Leaving Washington and Lee	
	* * * *
APPLICANT SHOU	ULD NOT WRITE BELOW THIS LINE
Committee action	
Remarks:	

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Please return to the Office of the Dean of The College

Activities since leaving Washington and Lee (use additional sheet if necessary):

College(s) Attended

Name of College		Location	Dates
Name of College		Location	Dates
Military Service			
Branch		Location	Dates
Community Service			
Name of Organization		Location	Dates
Name of Organization		Location	Dates
Employment			
Name of Employer		Location	Dates
Name of Employer		Location	Dates
If you are reinstated to Was pursue?	= = = = = = = = = = = = = = = = = = = =		
If you are reinstated to Was	chington and Lee, where do	you intend to live?	
Are you hoping to graduate	from Washington and Lee	after you have completed the required	I number of academic terms in residence?
Yes	(Expected graduation date	::	_)
No	(If no, please explain.)		
or dismissed from any scho	ol, or have you been arreste		violation, placed on probation, suspended e for which arrest, charge or conviction nst you?
No			
Ves	(If ves inlease provide a v	vritten explanation)	

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Please return to the Office of the Dean of the College

In the space below, please explain why you wish to re-enter Washington and Lee. In addition, your essay should address the following:

- Describe your understanding of the situation that led to your taking a period of time away from W&L.
- Describe what you did during your time away to address any issues (including medical issues) that contributed to your taking time away from the University.
- Describe any other activities you undertook during your time away from the University (study, employment, volunteer work, etc.).
- Describe any insights you have gained from your time away from the University as well as from your activities and engagement while away.
- If you fell under the Automatic Rule or were on academic probation, discuss why you believe you can now succeed academically at Washington and Lee.
- Describe any resources (on- or off-campus) and behavioral strategies you plan to make use of to ensure success if you return to W&L.

Please be candid and provide specific information. You may attach additional pages if necessary.

I certify that the answers and information provided in the application are accurate and complete and that I have a continuing duty to inform the Chair of the Committee on Automatic Rule and Reinstatement of any changes to the information provided. I understand further that any false, misleading or incomplete answers or statements made in this application constitute grounds for rescission or dismissal at the option of the University.

Date Signature

In compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and all other applicable non-discrimination laws, Washington and Lee University does not discriminate on the basis of race, color, religion, national or ethnic origin, sex, sexual orientation, age, disability, veteran's status, or genetic information in its educational programs and activities, admissions, and with regard to employment. Inquiries may be directed to Lauren E. Kozak, Title IX Coordinator, Elrod University Commons 306, (540) 458-4055, kozakl@wlu.edu, who is designated by the University to coordinate compliance efforts and carry out its responsibilities under Title IX, as well as those under Section 504 and other applicable non-discrimination laws.

The Coordinator has designated the following Title IX Assistant Coordinators:

- Employment -- Amy D. Barnes, Executive Director of Human Resources, Early-Fielding Memorial Building, (540) 458-8920, abarnes@wlu.edu; and
- Gender Equity in Athletics -- Elizabeth Knapp, Associate Provost and Director of the Johnson Program in Leadership and Integrity, Washington Hall 217, (540) 458-8705, knapp@wlu.edu.

Inquiries may also be directed to the Assistant Secretary for Civil Rights, U.S. Department of Education

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Statement of Eligibility to Continue or Return for Reinstatement Application

For students who attended another institution since leaving W&L

To Student: Please complete this section before giving to each host institution's college official (dean or registrar).

Student's Name	First	Middle	Last		
Permanent Home Address	Street	City		State	Zip
Phone (with area code)	Date of Birth				
I give my permission for the ap to respond to the questions belo		Host Institution			
Signature			Date		
Dates of enrollment:					
Academic Term and year		Credits registered			_
Academic Term and year		Credits registered			-
Status (please check all that ap	oply)				
Eligible to continue or return [
On academic probation					
On social probation					
Comments or explanations:					
Dean or Registrar's printed nar	ne and signature				
Title			Date		

Please return to the Office of the Dean of The College, Washington and Lee University, Lexington, VA 24450-2116.

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WASHINGTON AND LEE UNIVERSITY

Confidential Health Care Information Consent to Release for Reinstatement Application

Please return to the Office of the Dean of the College

Street City State Zip Phone E-mail address Physician/Counselor Information: Name Address Phone Fax Person, agency or provider to whom disclosure is to be made: Washington and Lee University Washington and Lee University Washington and Lee University Student Health Center Lexington, VA 24450-2116 Dence (540) 458-8401 Phone (540) 458-8401 Phone (540) 458-8404 Pax (540) 458-8404 Pax (540) 458-8404 Pax (540) 458-8404 Pax (540) 458-899 As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for fits closure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University. The purpose of its information and/or records to health care providers at Washington and Lee University as a vill-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care rovoiders, which may be required to clarify any information and/or records to health care disclosed. I understand that the Health Center and/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this	Student Informa	ntion:				
Street City State Zip Phone E-mail address Physician/Counselor Information: Name Address Phone Fax Person, agency or provider to whom disclosure is to be made: Washington and Lee University Washington and Lee University University Counseling Service Lexington, VA 24450-2116 or Lexington, VA 24450-2116 Phone (540) 458-8401 Phone (540) 458-8401 Fax (540) 458-8404 Fax (540) 458-899 Information or records to be disclosed: As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a full-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center und/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on this confidential health care information regarding reinstatement, as well as any requirements for enjonging care on my return to Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this confidential health care information when needed to inform their decision-making on my application for reinstatement. This information and/or records will be maintained in my confidential health care information when needed to inform their decision-making on my application for reinstatement. This information and/or records will be maintained in my confidential health care information when needed to inform their decision-making on my application for reinstatement. This	Student's Name		First	Middle	Last	
Physician/Counselor Information: Name Address Phone Fax Person, agency or provider to whom disclosure is to be made: Washington and Lee University Student Health Center Lexington, VA 24450-2116 Or Lexington, VA 24450-2116 Phone (540) 458-8401 Phone (540) 458-8401 Phone (540) 458-8401 Phone (540) 458-8404 Fax (540) 458-899 As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counseling formation or records to be disclosed: As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for insclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a full-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center und/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on this confidential health care information regarding reinstatement, as well as any requirements or ongoing care on my return to Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this confidential health care information invested in regarding reinstatement, as well as any requirement for ongoing care on my return to Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this confidential health care information and/or records will be maintained in my confidential health care incommand on the confidential health care information and core records will be maintained in my confidential health care incommand on the	Date of Birth					
Phone	Current Address					
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Name	Phone			E-mail address_		
Address	Physician/Couns	selor Informatio	n:			
Person, agency or provider to whom disclosure is to be made: Washington and Lee University Student Health Center University Counseling Service Lexington, VA 24450-2116 Or Lexington, VA 24450-2116 Phone (540) 458-8401 Phone (540) 458-8590 Fax (540) 458-8404 Fax (540) 458-8989 As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a full-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center and/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on this confidential health care information regarding reinstatement, as well as any requirements for ongoing care on my return to Washington and Lee University, I further understand that the members of the Committee or Dean of the Law School may review this normation and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University, such formation and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University,	Name					
Washington and Lee University Washington and Lee University Student Health Center Lexington, VA 24450-2116 Or Lexington, VA 24450-2116 Phone (540) 458-8401 Phone (540) 458-8404 Phone (540) 458-899 Information or records to be disclosed: As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a bull-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center and/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on this confidential health care information regarding reinstatement, as well as any requirements for ongoing care on my return to Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this confidential health care information when needed to inform their decision-making on my application for reinstatement. This information and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University.	Address					
Washington and Lee University Student Health Center Lexington, VA 24450-2116 Phone (540) 458-8401 Phone (540) 458-8590 Fax (540) 458-8404 Phone (540) 458-8590 Fax (540) 458-8989 As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to health care providers at Washington and Lee University. The purpose of its information and/or records is to assist in determining my readiness to return to Washington and Lee University as a full-time student after a leave for medical or psychological reasons. I also give permission for phone consultation between health care providers, which may be required to clarify any information and/or records that are disclosed. I understand that the Health Center and/or Counseling Service providers will make a recommendation to the Committee on the Automatic Rule and Reinstatement based on this confidential health care information regarding reinstatement, as well as any requirements for ongoing care on my return to Washington and Lee University. I further understand that the members of the Committee or Dean of the Law School may review this confidential health care information when needed to inform their decision-making on my application for reinstatement. This information and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University, information and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University, and the subject of the committee or Dean of the Law School may review this confidential health care information when needed to inform their decision-making on my application for reinstatement. This information and/or records will be maintained in my confidential health and/or counseling record at Washington and Lee University, and the subject of the committee or Dean of the Law School may review this confidential health care i	Phone			Fax_		
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and will not be re-disclosed without my separate written consent, unless such disclosure is permitted by law.	disclosure of requestion of the purpose of its full-time student approviders, which and/or Counseling on this confident. Washington and a confidential heal information and/or	s information and after a leave for a may be required g Service provide ial health care in Lee University. I th care informa or records will be	al health care in d/or records is to medical or psyc l to clarify any ers will make a aformation rega further underst tion when need e maintained in	formation and/or in a assist in determine the bological reasons. Information and/or recommendation reding reinstatement and that the member ded to inform the my confidential h	records to health care providers ning my readiness to return to V . I also give permission for phor or records that are disclosed. I to the Committee on the Autom nt, as well as any requirements bers of the Committee or Dean leir decision-making on my a health and/or counseling record	at Washington and Lee University. Washington and Lee University as a ne consultation between health care understand that the Health Center natic Rule and Reinstatement based of for ongoing care on my return to of the Law School may review this pplication for reinstatement. This at Washington and Lee University,
Signature	Signature	-disclosed willion	at my separate v	withen consent, ul	ness such disclosure is permitted	a by law.
	Date					

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WASHINGTON AND LEE UNIVERSITY

OFFICE OF THE DEAN OF THE COLLEGE

Student Readiness to Return to W&L: Descriptions of Certain Essential Requirements and Expectations

Undergraduate students wishing to return to Washington and Lee University following a Withdrawal or Leave of Absence are expected to provide documentation that they are ready to resume full time academic and campus life. The following description of certain essential requirements and expectations for academic and campus life at Washington and Lee is intended to help students, their families, mentors, health care professionals, or other advisors, as applicable, in making an informed assessment of a student's readiness to return to Washington and Lee.

Academic Requirements and Expectations:

- 1. Washington and Lee has three terms: Fall and Winter terms are each 12 weeks, followed by a four-week Spring Term. The unusual 12-12-4 calendar means that the pace of courses in all three terms is accelerated compared to that at most other institutions with longer terms.
- 2. Each student who has not completed graduation requirements must register as a full-time student for each term enrolled. The minimum academic load in both the Fall and Winter Terms is 12 credits (typically four classes). The minimum academic load in the Spring Term is four credits (typically one class). Washington and Lee University does not allow part-time students.
- 3. Participation in the work of a course is clearly a precondition for a student receiving credit in that course. Students are expected to attend courses for which they are registered. A student taking an unauthorized underload or maintaining an unapproved extended absence from classes (two weeks or more without contacting the appropriate dean's office) may be required to withdraw from the University.
- 4. Most courses meet for 55- or 85-minute blocks. Laboratory courses typically meet for three- or four-hour blocks. Students are expected to be present, mentally alert, and actively participating during class meetings.
- 5. Washington and Lee University is a highly selective institution with rigorous courses. Students are expected to work on their own outside of formal class meetings, and the time commitment required for mastery of the material and completion of reading and assignments is significant.
- 6. Students are expected to submit all graded work by the due date designated by the course instructor. Extensions are not generally given, even in cases where students might have multiple assignments or tests during a short period of time. As a result, the ability to manage one's time and manage multiple tasks and deadlines is essential.
- 7. Students are expected to communicate with faculty promptly if problems arise and respond to faculty inquiries quickly. Failure to do so does not alter class requirements.
- 8. All students at Washington and Lee are expected to make steady progress toward completing their degree requirements. Their progress is judged by the quality of their academic work as measured by their grade-point averages. Failure to maintain both a cumulative and a term grade-point average above 2.000 at the end of any academic term

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- will result in academic probation or in the student being suspended under the Automatic Rule.
- 9. A grade of Incomplete can only be assigned at the end of a term for cases in which, due to some cause beyond the student's reasonable control, the work of the course has not been completed or the final examination has been deferred. The grade is not intended to be used in cases where the student has neglected the course work or otherwise struggled throughout much of the term.

Campus Residence Life Requirement and Expectation:

Students are expected to live on campus for their first three years. Single rooms are not always available.

Note: The University applies its leave of absence, withdrawal, and reinstatement policies and associated procedures in a nondiscriminatory manner, in consultation with qualified professionals, as appropriate, and to make each reinstatement or readmission determination based on an individualized assessment of that student's situation and what is in the best interests of the student, the campus community, and the University.

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