

## **APPLICATION REACTIVATION FORM**

Office of Admissions

99 Main Street

Franklin, MA 02038-1994 508-541-1508 phone 508-541-8726 fax admissions@dean.edu

Please complete the following information and return this form to the Office of Admissions to reactivate your file. We retain records for two years. If you applied more than a year ago, please contact us to inquire about the necessary documents to complete your application.

Student Name:			
	Last	First	Middle
Street Address:			
City/Town:		State:	Zip/Postal Code:
Home Phone: (	)	Cell Phone	e: ()
Birthdate (mm/dd/	уууу):	Email:	
I previously applied	to Dean College in	I am reactiv	ating my application for the:Fall or Spring/Year
	at college. other institution. (Be sure	e to send us official transcript(s) a	and transfer student status form.)
Dates of Att	endance (month/year): _	to	
Have you been placed	d on probation, suspende	ed, removed, dismissed, or expell	ed from your institution?* □ Yes - or - □ No
Have you ever been o	convicted of any misdeme	eanor, felony, or other crime?*	□ Yes -or- □ No
* If you answered yes		ons, please attach a separate pie	ce of paper and provide the date(s) of each
What major do you	intend to pursue at Dear	n?	□ BA/BS - or - □ AA/AS
Would you like to a	pply to the Arch Learning	Community?	] No
Student Status:	Resident student, requir	ring on-campus housing - or -	$\square$ Commuter student, living at home
Please tell us about	new work or educationa	l experiences since your previous	s application to Dean College.
Signature			