



Request for Return

Please complete and submit (including all required materials) to the Dean of Studies Office via mail, fax, email, or in person, no later than **June 1 for a fall return, November 1 for a spring return**. Refer to your leave confirmation letter and the Checklist for Returning Students for further information.

PERSONAL INFORMATION

Name	BC Student ID number
Academic Adviser	Expected Graduation Date
Term & year of desired return	Term & year you last attended Barnard
Are you an international student on an F-1 visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for financial aid? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for housing? ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	
Permanent Email ³	BC Email
Parent/Guardian Email ⁴ (optional)	

¹ If applying for financial aid, please contact Financial Aid, (212) 854-2154, no later than *May 1* for the Fall or October 1 for the Spring.

² If applying for housing, please complete an application on the [Housing Portal](#) before June 1 for the Fall or November 1 for the Spring.

³ By providing my email address above, I give Barnard permission to use this address to communicate with me about my academic record.

⁴ By providing my parent/guardian's email address above, I give Barnard permission to send a copy of the letter confirming my return to that address.

REQUIRED MATERIALS

- I have included a letter describing in detail my activities while away from the College and explaining why I feel ready to resume my Barnard education.
- I have included the \$100 processing fee (which I understand does not guarantee return) in the form of:
 - A check payable to Barnard College
 - Or, a printout or screenshot of confirmation of online payment via afford.barnard.edu
- I have made an appointment to meet with the College Case Manager.

For students returning from medical/mental health leave:

- My doctor is submitting the Medical/Mental Health Request for Return form directly to the Executive Director of Student Health and Wellness by **June 1** for a fall return or by **November 1** for a spring return.

For students whose conditions for return stipulated any other conditions:

- I am also submitting: _____

Signature of Student

Date

Submitted forms must have your **handwritten signature** (not typed). If you are not able to fax or scan/email a completed form to us, you can use a website like pdfescape.com/open to fill out the form and **draw your signature** (and then email the completed form to us). By signing above, you confirm that you have read the entire form, understood it fully, and completed it accurately.