

**Mills College**  
**Application for Reinstatement to the EdD Program**

**Instructions:**

1. Complete the information requested below and include a non-refundable fee of \$50 (payable to "Mills College"). Submit this form and accompanying materials to the Director of Enrollment in the School of Education (education@mills.edu).
2. If you intend to apply for financial aid, please submit a FAFSA: www.fafsa.ed.gov.
3. Any previous outstanding financial obligation to the College must be resolved before this application will be considered.
4. Students are reinstated under the catalog in effect at the time of their original admission if they are applying for reinstatement within two years of their last active status; otherwise, the current catalog will apply.
5. The address listed on this form will be used to update your Mills permanent address on record.
6. Reinstatement is subject to School of Education approval.

**SECTION I**

Name: \_\_\_\_\_ Term Applying for Reinstatement: \_\_\_\_\_  
(last) (first) (middle) (term/year)

Former Name (if changed since last attending Mills) \_\_\_\_\_ Banner ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(number and street) (city, state) (zip)

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last Term Enrolled: \_\_\_\_\_

**SECTION II**

Please write a brief (approximately 500 words) statement explaining your reasons for wanting to return to Mills; include the reason you were not able to complete the degree before and how you plan to work differently if reinstated. Please also write a timeline that realistically shows the dates by which you will complete the remaining portions of your degree. Both the statement and timeline must be worked out in consultation with your advisor.

**SECTION III**

If you attended any colleges or universities during your absence from Mills please list them below. You are required to submit official transcripts for these institutions before your application for reinstatement will be considered.

College or University Attended	Dates Attended	Units Completed (Sem/Qtr)
_____	_____	_____
_____	_____	_____

**SECTION IV**

Please arrange for at least one letter of reference, preferably from your advisor, to be sent directly to the School of Education (education@mills.edu). The reference may be in the form of an email, or a letter attached to an email.

**SECTION V**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

\_\_\_\_\_ EdD Program Director Signature \_\_\_\_\_ EdD Program Director Print \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Original catalog	<input type="checkbox"/> Current catalog
<input type="checkbox"/> Reinstated until:	Semester: _____	Year: _____	
<input type="checkbox"/> Student notified on	_____		
<input type="checkbox"/> Submitted by SOE to M Center on	_____		