



Reinstatement Petition Form

Registrar's Office, Kipling Rd, PO Box 676, Brattleboro, VT 05301-0676
802 258 3283 (office); 802 258 3470 (fax); www.sit.edu

Name: (LAST NAME, First name MI) Student ID N°:
Program: SIT Email:
Program Start Date: Cohort:

PERSONAL INFORMATION:

Mailing Address:
City: State: Zip: Country:
Personal Email: Personal Tel:

PROFESSIONAL INFORMATION:

Employer Name:
Position Held:
Employer Address:
City: State: Zip: Country:
Professional Email: Professional Tel:

Student Signature: Date:

ITEMS TO SUBMIT WITH THIS REINSTATEMENT FORM:

- Letter to dean to request reinstatement
Letter(s) of support
Transcript Request to registrar
Resumé with description of current work
Proposed timeline for completion of program
Payment of \$50 reinstatement fee

NB: Checks should be made payable to World Learning. If paying by credit card, please contact Accounts Receivable directly at (802) 258-3199 or at Student.Accounts@worldlearning.org

FOR OFFICE USE ONLY:

Table with 4 columns: Date Received, Decision Date, Decision, Additional Info Needed