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The Boston Conservatory
8 The Fenway
Boston, MA 02215
617.912.9200
www.bostonconservatory.edu

Application for Readmission

Please Print Clearly

This application is required of all students who are returning from an LOA within the one year time frame and who now wish to re-enroll.

Semester requesting to return (circle one): Fall / Spring **Year:**_____

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____

City, ST, Zip Code: _____

Phone Number: _____ **Email Address:**_____

Name under which previously attended (if different than above):_____

Have you attended another institution since your last enrollment at The Boston Conservatory?
Yes ☐ No ☐ If so, where? _____

Please note: It is your responsibility to forward an official transcript from any college(s) you attended since your last enrollment at The Boston Conservatory. Please be sure all transcripts are mailed in a sealed envelope addressed to: The Boston Conservatory, Attn: Registrar's Office, 8 The Fenway, Boston, MA 02215.

I certify that all the answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from The Boston Conservatory.

Signature: _____ **Date:** _____

For Office Use Only: CGPA: _____ SAP Met: Yes ☐ No ☐ Student on Hold: Yes ☐ No ☐

Student meets artistic and/or professional standards? Yes ☐ No ☐ Recommend readmission: Yes ☐ No ☐

_____ _____
Division Chair Signature/Date Academic Dean Signature/Date

Voluntary/Involuntary Medical Leave of Absence: Yes ☐ No ☐
If "Yes", signature of VP of Student Affairs is needed. _____
VP of Student Affairs