

**NEW YORK INSTITUTE
OF TECHNOLOGY**

College of Osteopathic
Medicine

Office of the Registrar
Tel: 516-686-3932
Fax: 516-686-3891

REQUEST FOR REINSTATEMENT

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ E-Mail Address: _____

Social Security Number last 4 digits: _____ Former ID Number: _____

BS/DO or Traditional (Circle One)

Reason for original withdrawal: _____

Dates of Attendance: From _____ Until _____

Reapplying for
class of: _____

REINSTATEMENT MUST BE WITHIN ONE YEAR OF WITHDRAWAL

Education, if any since last attendance: _____

Employment, if any, since last attendance date (include military service): _____

- Have you ever been convicted of a misdemeanor or felony or have an outstanding arrest prior to determination since you have completed your criminal background? ☐ Yes ☐ No

If Yes, please describe the specific nature, year, location, and disposition to date of the charge:

Any discrepancy between your responses on this form and your background check may be grounds for dismissal from NYIT College of Osteopathic Medicine.

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- Have you ever been reprimanded, admonished, or had a License suspended or revoked by any professional licensing authority or board? Any identified discrepancy between your responses on this form and our background check may be grounds for dismissal from NYIT College of Osteopathic Medicine. ☐ Yes ☐ No

If yes, please explain: _____

Signature

Date

A first or second year student who takes a leave of absence or withdraws during an academic year, must return the following August to begin that year again. **STUDENTS WHO ARE REINSTATED ARE BOUND BY THE STUDENTHANDBOOK APPLICABLE TO THE YEAR THEY ARE RETURNING TO.**

“A student who has withdrawn may apply for reinstatement within one year of the date of withdrawal. The student must complete a Request for Reinstatement form which is available in the Office of the Registrar or online, and requires approval of the Student Progress Committee (SPC). This form should be submitted to the Associate Dean for Student Administration in Old Westbury or the Assistant Dean of Student Administration in Jonesboro. If the withdrawal was for medical reasons, a medical clearance letter is also required.

The SPC will notify the student of the decision. The student is reinstated on the same academic and disciplinary status that the student was on at the time of withdrawal. A student who has an F grade and/or a WF grade is not eligible for reinstatement unless the withdrawal is based on medical documentation or extenuating circumstances.

The student is not eligible to apply for or receive any Title IV Financial Aid, which includes Direct StaffordLoans, and Direct Grad PLUS loans, for the tuition, fees or living expenses for the billing period that the student had paid for in the previous year.

Any outstanding balances must be paid prior to returning to NYIT College of Osteopathic Medicine. Tuition for the repeated billing period will be due prior to the start of classes. A student will be charged 50 percent of the normal tuition charges of any repeated billing period of the year that she or he had already paid 100 percent of that billing period in the year of the withdrawal or leave of absence. A student is responsible for paying all fees, including the health insurance fee, in the repeated year, before beginning classes.

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I certify that all information given on this application is true and that any false information given is cause for denial of reinstatement or cancellation of registration

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Financial Aid: Approved ☐ Denied ☐

Health Insurance: Approved ☐ Denied ☐

SPC Meeting Date: _____

ACTION: Reinstatement Approved: ☐ Denied ☐

Reinstatement date: _____

Conditions: _____

Associate/Assistant Dean's Signature: _____

Registrar: _____