1. Personal Information Name: Last (family) Middle Harvard ID: _____ Email: Telephone _____ Brief reason for request (full details in attached Statement of Purpose): 2. Prior Degree Program Department Concentration/Field of Study/Area of Interest Degree Program 3. Intended Status/Course Load ☐ Full-Time Part-Time 4. Please Include the following with your application: **Statement of Purpose** Your statement should describe the following: 1. Reason for administrative withdrawal 2. Explanation of what work or study you have been engaged in since leaving the school 3. Proposed academic plan 4. Letter of support from the Department/Program Note any relevant strengths and weaknesses in your background or in your ability to carry out your professional responsibilities. Do not underestimate the importance of this statement. It is your opportunity to inform the faculty reviewers of your qualifications, motivation, and potential to make a contribution to the field of public health. Dept. Chair: (or Dept. Program Head) Signature Date (mm/dd/yyyy) Financial Aid Office*: Signature Date (mm/dd/yyyy)

Signature

Date (mm/dd/yyyy)

Harvard International Office**:

^{*} Required for students receiving financial aid.

^{**}Required for international students.

5. Student Signature

- I have discussed this readmission with my department/program and understand what the requirements are for degree completion.
- If I will require a Harvard-sponsored visa, I have been in contact with the Harvard International Office.
- I have been in contact with the Registrar's Office regarding tuition implications and with the Office of Financial Aid, if necessary.
- I understand any decisions are not final until approved by a representative of the CAD subcommittee.
- I certify that the information presented in my application is accurate, complete and honestly presented.
- I understand and agree that any inaccurate or misleading information, as well as any omission of information, will be cause for the rescission of any offer of admission, or for discipline, dismissal or revocation of degrees if discovered at a later time.
- I understand that my application and any materials submitted with my application become the property of the Harvard Chan School.

Student Signature	Date (mm/dd/yyyy)