

WESTMINSTER THEOLOGICAL SEMINARY
PO Box 27009,
Philadelphia, PA 19118
Phone: 215-887-5511

To: **The Registrar**

From: _____

Address: _____

Phone: _____ E-Mail: _____

Re: **REINSTATEMENT REQUEST**

Please reinstate me as a student at Westminster Theological Seminary.

Program: _____

Semester: _____

Reasons for Reinstatement: _____

Reinstatement Fee:

Personal Withdrawal: \$25 _____
Administrative Withdrawal \$150 _____ (Make checks out to WTS)

Signature: _____

Date: _____

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OFFICE USE ONLY

Date Request Received: _____ Date Paid: _____

Approved: _____ Date sent to Business Office: _____

Cams: Status _____ Degree _____ REG _____ Letter _____ Copy _____ Enclosures _____ Sent _____