The Graduate School and University Center
of The City University of New York

Office of the Registrar
The Graduate Center: 365 Fifth Avenue, New York, NY 10016

Date: 5/3/2000
Operator: Carol
File: Application for Readmission(w)

Application for Readmission ☐ Fall ☐ Spring 200__

I. 1. Discipline ☐ **Master's** ☐ **Doctorate** **I.D. Number**

2. Name

Last First Middle (Maiden)

3. Address

Number and Street City State/Zip

4. Telephone **Home ( )** **Work ( )** **5. Date of Birth**

6. Date of last attendance

7. Attach a short statement explaining what you have been doing during your separation from The Graduate Center. In addition, outline your plans for completion of your degree requirements.

8. Did you attend another university or college during your absence? **___Yes** **___No**
If YES, where:_____ **Dates of attendance:**_____
Please note that you must provide an OFFICIAL transcript from each school attended.

9. I hereby certify that I have no debts or books due any college library of The City University of New York.
Signature: **Date:**

II. Program Recommendation
1. __Readmission denied.
2. __ Readmission approved.
Conditions of Readmission/Reinstatement:

3. Signature: **Date:**

Executive Officer

4. Signature of student acknowledges the conditions of readmission above.
Attach a check made payable to The Graduate Center for the readmission fee of $10

Signature: **Date:**

Do Not Write Below This Line

III. Clearance Dates

☐ **Cleared**
☐ **Not Cleared**
Director of Financial Aid Date

☐ **Cleared**
☐ **Not Cleared**
Director of the Office of International Students Date

☐ **Cleared**
☐ **Not Cleared**
Director of Residence Life Date

☐ **Cleared**
☐ **Not Cleared**
Librarian Date

☐ **Cleared**
☐ **Not Cleared**
Bursar Date

☐ **Cleared**
☐ **Not Cleared**
Business Office Date

IV. 1. Registration material mailed:
2. Date time limit was reached (or will be reached): _____
3. Fee paid: _____
Date

345-373-(4/2000)

Fomi	Class	Admitted