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:

   Date:

   Executive Officer

3. Signature: Date:

4. Signature of student acknowledges the conditions of readmission above.
   Attach a check made payable to the City University for the readmission fee of $10
   Signature: Date:

   Do Not Write Below This Line

III. Circulation Dates:
Please sign this request for Readmission and forward to the next person listed below. When all actions are completed, return both copies to the Registrar's Office. It is necessary when denying clearance to attach an explanation. Thank you for your assistance.

□ Cleared
□ Not Cleared
Signature of Executive Director for Student Services Date

□ Cleared
□ Not Cleared
Signature of Director of the Office of International Students Date

□ Cleared
□ Not Cleared
Signature of Director of Residence Life Date

□ Cleared
□ Not Cleared
Signature of Librarian Date

□ Cleared
□ Not Cleared
Signature of Bursar Date

□ Cleared
□ Not Cleared
Signature of Assistant Business Manager Date

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

Copies: Program Student Office
345-373-(4/2000)

Form □ Class □ Admitted □