

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

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 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

Form	Class	Admitted
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