

Application for Readmission

PRINT OR TYPE

PLEASE READ READMISSION APPLICATION PROCEDURES ON REVERSE SIDE BEFORE COMPLETING FORM

| | | | | | | | | | | | | | | | |
|---|--|----------------|------------------------|----------------------------|--------|--|------------------------------------|------|--|--|-------|-------------------|------------------------------|-----------------------------|--|
| NAME Last First Middle | | | Social Security Number | | | | Date of Birth Mo. Day Yr. | | | Sex M <input type="checkbox"/> F <input type="checkbox"/> | | Telephone | | | |
| Permanent Address | | No. and Street | | | Apt. # | City, Village, Post Office | | | | | State | | Zip Code | | |
| County of Residence | | | | County Code See Table A | | Program Name Applying for (See Table B) | | Code | | Semester Beginning | | Mo. | Yr. | | |
| E-mail Address | | | | | | | | | | Full or Part-time F <input type="checkbox"/> P <input type="checkbox"/> | | On-Campus Housing | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

| | | | |
|--------------------|----|----|----|
| Complete Carefully | | | |
| 1. | 2. | 3. | 4. |

Instructions: Please note that students who are or will be graduates of the College and wish to apply for readmission must complete a SUNY application and process it through the Application Processing Center for a new program

Box 1 = R (for Readmission)

Box 2 = 1 for January or 8 for August (month first enrolled at Alfred State)

Box 3 & 4 = year first enrolled at Alfred State (for example a student who enrolled in August of 2007 would complete Boxes 2, 3, and 4 as follows:
Example

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | R | 2 | 8 | 3 | 0 | 4 | 7 |
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|---|--|------------|------|-------|---|----------------------|------------------------------|-----------------|-----------------|--------------------------------------|
| Name of <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse | | | | | Check here <input type="checkbox"/> if address is the same. Enter only if different from above. | | | | | |
| Last Name | | First Name | | MI | Street | | City, Village or Post Office | | State | Zip |
| Name all colleges attended (including Alfred State) | | Street | City | State | Full or Part-time | Previous EOP Student | | Dates Attended | | Previous or Current Academic Program |
| (Last College here) | | | | | F <input type="checkbox"/> P <input type="checkbox"/> | Yes No | | From To | Mo./Yr. Mo./Yr. | |
| | | | | | F <input type="checkbox"/> P <input type="checkbox"/> | Yes No | | Mo./Yr. Mo./Yr. | | |
| | | | | | F <input type="checkbox"/> P <input type="checkbox"/> | Yes No | | Mo./Yr. Mo./Yr. | | |
| | | | | | F <input type="checkbox"/> P <input type="checkbox"/> | Yes No | | Mo./Yr. Mo./Yr. | | |

Since last attending Alfred State, check box if you have been: Convicted of a criminal offense Dismissed and/or expelled from a college for disciplinary reason

To assist in the evaluation of your request for readmission, please explain why you are seeking readmission. Also, if you have been academically dismissed from Alfred State College, please explain what you have done or plan to do to improve your academic performance. If more space is required, please attach additional sheets.

| | | | |
|---|-------|--|------|
| If you have any educational records under a different name at Alfred State College, give former name. | | I understand that this application cannot be processed if it has not been completed according to instructions and that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. | |
| Last | First | Applicant's Signature X | Date |