

STATE UNIVERSITY OF NEW YORK

Application Deadlines: July 15th for Fall admission, December 1st for Spring admission

Name:		Forn	ner Last name:	
last	first	m.i.	(If applicable)	
Social Security #:			Gender: 🗆 M	ΠF
Permanent Mailing Ad	dress:	city	state	zip code
Telephone:		evening	e-mail	
Citizenship: United Sta	ates Other	Ethnicity (or	otional):	
If a foreign citizen, please list your Country of citizenship and <u>current</u> visa type				
When were you last en	rolled at Purchase Colle	ge? □Fall □Spring	Year:	
Were you in the Educat	ional Opportunity Progr	am (EOP)? 🗆 Yes 🗆 No		
What was your previous major?				
Indicate the semester and year for which you are seeking re-admission: \Box Fall \Box Spring Year:				
Will you be attending as a full- or part-time student? 🗆 Full Time 🛛 Part Time				
Will you need on-campus housing? 🗆 Yes* 🖾 No (*Contact the Office of Community Engagement, 914-251-6320)				
Have you been dismisse	ed and/or suspended fro	m a school for disciplinary rea	asons? 🗆 Yes 🗆 No	
List all colleges and/or Name of College/Unive		ive attended since leaving Pur ters/Years Attended:	chase College: # of Credits Taken: 	

I certify that all information supplied on this application is true to the best of my knowledge. I understand that any deliberate falsification or omission of application data may result in the dismissal from or denial of readmission to Purchase College, State University of New York.