

## **Application for Readmission**

Submit application to: <u>Registrar@purchase.edu</u> or through <u>Secure Document Upload</u>

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

Name:			Former Last name:		
last	first	m.i.		(If applicable)	
Last 4 of SSN #:		_ Date of Birth: _	month / date / year	Gender: □M	ΠF
Permanent Mailing Add	ress: street	city		state	zip code
Telephone:		evening		e-mail	-
Citizenship: United Sta		-	ty (optional):		
If a foreign citizen, plea	se list your <b>Country of</b>	citizenship	and current	visa type	
When were you last enro	olled at Purchase Colleg	ge? □Fall □Spring	Year:		
Were you in the Educati	onal Opportunity Progr	am (EOP)? 🗆 Yes 🗆 N	10		
What was your previous	major?	What is your int	ended major?		
Indicate the semester a	nd year for which you a	re seeking re-admission:	□ Fall □ Spring Yea	ar:	
Will you be attending as	a full- or part-time stu	Ident? 🗆 Full Time 🛛 Pa	art Time		
Will you need on-campu	s housing? □ Yes* □ N	o (*Contact the Office of	Community Engagem	nent, 914-251-6320	D)
Have you been dismissed	d and/or suspended fro	m a school for disciplina	ry reasons? □ Yes □	No	
List all colleges and/or Name of College/Unive		ve attended since leavin ters/Years Attended:	g Purchase College: # of Credits	Taken:	
				<pre></pre>	

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.