



Application for Readmission

Submit application to: Registrar@purchase.edu or through [Secure Document Upload](#)

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: _____ Gender: M F
month / date / year

Permanent Mailing Address: _____
street city state zip code

Telephone: _____
day evening e-mail

Citizenship: United States: _____ Other: _____ Ethnicity (optional): _____

If a foreign citizen, please list your Country of citizenship _____ and current visa type _____

When were you last enrolled at Purchase College? Fall Spring Year: _____

Were you in the Educational Opportunity Program (EOP)? Yes No

What was your previous major? _____ What is your intended major? _____

Indicate the semester and year for which you are seeking re-admission: Fall 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 dismissed and/or suspended from a school for disciplinary reasons? Yes No

List all colleges and/or universities that you have attended since leaving Purchase College:

Name of College/University:	Semesters/Years Attended:	# 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.

Applicant's Signature _____

Date _____