

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	Number 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 Signature

Date