

APPLICATION FOR RE-ADMISSION



ID NUMBER: _____ DATE: _____

NAME: _____

DATE OF BIRTH: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

This address reflects a change of address. _____ Yes _____ No

Name while in attendance: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> <u>CAMPUS</u>
Brooklyn | <input type="checkbox"/> <u>STUDENT TYPE</u>
Arts & Sciences | <input type="checkbox"/> <u>DIVISION</u>
Undergraduate |
| <input type="checkbox"/> Suffolk | <input type="checkbox"/> Professional Studies | <input type="checkbox"/> Graduate |

Previous Major/GPA: _____

Last date of attendance: _____

Intended Major: _____

Are you a veteran and/or currently serving in the military? _____ Yes _____ No

I wish to readmit (check all that apply):

Full Time _____ Part Time _____ Intersession _____ Spring _____ Summer _____ Fall _____

List College/Universities Attended Since Leaving St. Joseph' University:

Please attach an unofficial transcript to this application. ONCE RE-ADMITTED, YOU MUST HAVE AN OFFICIAL TRANSCRIPT SENT DIRECTLY FROM EACH COLLEGE TO THE REGISTRAR

(Official use only)

BUSINESS: NO FINANCIAL LIABILITY _____

FINANCIAL LIABILITY OF _____

CHAIRPERSON'S RECOMMENDATION:

SIGNATURE: _____

* _____ IS READMITTED TO ST. JOSEPH'S UNIVERSITY AS A MATRICULATED STUDENT FOR THE SEMESTER BEGINNING _____

DATE: _____

OFFICE OF THE ACADEMIC DEAN:

Email application to Joe Ross, Associate Dean for Student Success, at jross2@sjny.edu.