

Application Completion Deadline: July 15 for fall semester, December 15 for spring semester.

SUNY POTSDAM
APPLICATION FOR READMISSION
for 2nd degree, 2nd major, teacher certification only, or completing
pre-requisites for Masters Degree

Name (please print) _____ ID# _____

Today's Date _____ Name when previously enrolled _____

Address _____

Telephone #() _____ E-mail Address: _____

Original Potsdam entry date _____ Graduation Date _____
month/year month/year

Degree Program () BA () BM () BS Major(s) studied _____

Activity since last in attendance (i.e., employment, enrolled at another school, etc.) List names of institutions and their location, dates of attendance and credits earned – please request that transcripts be sent to this Registrar's Office immediately:

Please note: A decision regarding your application for readmission to SUNY Potsdam will be delayed until we have received all official transcripts from the above schools.

I am requesting readmission for the () fall () spring () summer Year _____

I plan to complete a: () 2nd degree: () BA () BM () BS
Major(s) _____

() 2nd major in _____

() Teacher Certification in _____

() Completing Pre-Requisites for Masters Degree _____

I plan on enrolling: () full-time with 12 or more hours () part-time

I plan to finish this additional work: _____
month/year

I wish to be considered for the following: () financial aid () EOP () Crane
() on-campus housing () teacher certification in _____

Check here if you have been () convicted of a felony; () dismissed from a college for
disciplinary reasons

Comments: _____

APPROVAL OF YOUR REAPPLICATION WILL BE SPECIFICALLY FOR THE PROGRAM OF STUDY LISTED ON THE FRONT OF THIS REAPPLICATION. YOU MAY NOT CHANGE YOUR MAJOR OR DEGREE CHOICE WITHOUT DISCUSSING THE CHANGE AND OBTAINING THE APPROVAL OF THE REGISTRAR AT SUNY POTSDAM.

I certify the information in this application to be true and complete to the best of my knowledge. Falsification of information on this application could jeopardize my enrollment. I further agree to have sent immediately, directly to the Registrar's Office at SUNY Potsdam, official transcripts for all colleges I have attended since leaving SUNY Potsdam.

I further agree to notify the Registrar at SUNY Potsdam to discuss any changes in my course of study – either major or degree.

Applicant's Signature

Date

Readmission to SUNY Potsdam is based on the qualifications of the individual, without regard to sex, race, age, color, creed, national origin, disability or handicap. The College reserves the right to deny readmission to any student who does not meet established standards, or if evidence exists that readmission may constitute a threat to established standards, or if evidence exists that readmission may constitute a threat to the health and/or safety of the student or to any member(s) of the College community.

This Application for Readmission and all supporting documents should be sent directly to:

**Registrar's Office
SUNY Potsdam
Potsdam, New York 13676-2294**

Application Completion Deadline: July 15 for fall semester, December 15 for spring semester. This is the date by which any "holds" must be cleared, and all readmission materials, including official transcripts must be in the Registrar's Office.

We are pleased you are considering returning to Potsdam. Don't hesitate to give us a call if we can facilitate plans for your reentry.

Registrar's Office
Tel: (315) 267-2154
Fax: (315) 267-2157
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