

Application Completion Deadline: August 7 for fall semester, January 7 for spring semester.

SUNY POTSDAM APPLICATION FOR READMISSION

Name (please print) _____ ID# _____

Today's Date _____ Name when previously enrolled _____

Address _____

Telephone # () _____ E-Mail Address: _____

Original Potsdam entry date _____ Date of withdrawal or leave _____

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. If you were previously dismissed from Potsdam, explain why you are now better prepared to be successful:


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

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

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

My major(s) will be _____ with degree program () BA () BM () BS

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

Over 

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

Comments: _____

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.

Applicant's Signature

Date

Readmission to SUNY Potsdam is based on the qualifications of the individual, without regard to sexual orientation, 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 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, NY 13676-2294**

Application Completion Deadline: August 7 for fall semester, January 7 for spring semester. This is the date by which any "holds" on your record 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