

APPLICATION FOR RE-ENTRY

Please read the instruction carefully. Complete the application and submit it to the Office of the Registrar by the due dates listed on the website. www.baruch.cuny.edu/registrar

Do not file this application if you applied as a transfer or freshman student but never attended Baruch College.

*A nonrefundable \$10 processing fee must accompany this application.
Please submit only check or money order payable to Baruch College*

Please do not fax your application, Faxed application will not be accepted.

- If you have been dismissed, contact the appropriate academic services to file an appeal for reinstatement.
 - Undergraduate Students – Center for Advisement and Orientation, VC 5-215
 - Graduate Students
 - Zicklin school of Business – VC 13-221
 - Weissman School of Arts and Sciences – VC 8-211
 - School of Public Affairs – 135 e 22nd street, room 901
- Students who are not citizens of the United States are required to submit documentation pertaining to their immigration status. If you have been out of school for more than **one year** and are re-entering with a different address, you must reestablish your New York State residency. For further information, please contact the residency coordinator at (646) 312-1179.
- An Immunization Record, if required, must be submitted to the Student Health Office, 137A E. 25th Street, before you can register. For further information, please contact the Student Health Office at (646) 312-1163.
- Students who are re-entering must meet scholastic standards in effect at the time of readmission.

APPLICATION FOR RE-ENTRY

A **nonrefundable** \$10 processing fee must accompany this application.
Please make check or money order payable to Baruch College.

Undergraduate

Graduate

I wish to register for: Fall Winter Spring Summer _____

Social Security Number: _____ Date of Birth: _____

Mr. Ms. _____
Last Name First Name MI

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Length of time at the above address _____
Years/Months

Length of time in NYC _____ in NYS _____
Years/Months Years/Months

Telephone: _____ E-mail: _____

Are you a U.S. Citizen? YES NO If no, state the country birth _____

Immigration Status: _____ County of Citizenship _____

U.S. Permanent Resident: _____
Alien Registration Card# Date Issued Expiration Date

Other: _____
Please Specify Type of Visa Date Issued Expiration Date

Previous Status (check one): Matriculated Non-matriculated

Number of Credits Completed: _____ Last term of attendance: Fall Spring Summer _____

If you are an Undergraduate student, have you attended any other school since leaving Baruch: Yes No

Date

Student's Signature

Office Use Only

Academic Standard: Probation Discharged Reinstated

Time Limit: _____

Immunization: Yes No Transfer: Yes No

Stops: _____

GPA: _____ Approved: _____ Denied: _____

GIF: ___ TCU: ___ SPR: ___ PIN: ___

Re-entry approved per: _____