APPLICATION FOR RE-ENTRY

Please read the instruction carefully. Complete the application and submit it to the Office of the Register 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. 151 East 25 Street, room 720, NY, NY 10010.

- An Immunization Record, if required, must be submitted to the Medical Records Office, 151 E. 25th Street, Room 720 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

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: _____________________________________