

Readmission Application

Application Deadlines: Fall – August 1/Spring - December 15 /Summer – May 1

Candidates seeking readmission to the Family Nurse Practitioner program are encouraged to apply by February 1.

Instructions:

1. Complete this form to be considered for readmission into the same program that you were previously enrolled in or to choose a new degree. If you are interested in a change of program or a second degree, you must meet the admissions and program requirements in place for the semester in which you intend to re-enroll.
2. Submit this completed form along with a \$30 readmission fee (check payable to SUNY Poly) to:
SUNY Polytechnic Institute – Bursar’s Office
100 Seymour Rd.
Utica, NY 13502
Fax (315)792-7802

The \$30 readmission fee is required of all applicants. It is not refundable and cannot be transferred to a subsequent semester. If you apply for a semester and do not attend, you will have to reapply for a future semester and submit another readmission fee.

Full Time Part Time **Readmit Semester:** Fall 20__ Spring 20__ Summer 20__

Name _____ SUNY Poly U# _____

Date of Birth _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Are you a current NYS resident? Yes No If yes, how long? ____/____ (years/months)

Address _____ City _____ State ____ Zip _____

Dates of previous attendance at SUNY Poly: From _____ to _____
(month/year) (month/year)

I am applying for the following readmission:

___ Readmission/Same Program Program _____ Degree _____

___ Readmission/Change of Program Program/Degree _____ To Program/Degree _____

___ Readmission/Second Degree Program _____ Degree _____

___ Readmission/Second Major Program _____ Degree _____

Have you attended any other colleges since leaving SUNY Poly? Yes No

If **yes**, name of college (s) _____

Forward all official transcripts to the SUNY Poly Registrar’s Office

Have you ever been dismissed and/or suspended from a college for disciplinary reasons? Yes No

An affirmative response to this question will not automatically prevent re-admission, but you will be asked to provide the college with additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in denial of readmission. **Readmission will not be considered unless this question is answered.**

The information supplied in this application is complete and accurate, to the best of my knowledge.

Signature of applicant _____ Date _____

For Office Use Only

Request Approved Matric Term _____ SOAHOLD _____ SGASTDN _____ Date _____

Request Denied Admit Term _____ SFAREGS _____ SHADEGR _____ Initial _____

Overall GPA _____ SPAIDEN _____ SFARGRP _____

Institutional Credits _____ Transfer Credits _____