

Application for Readmission

- **IF** you are seeking readmission after (1-4) years of absence, please obtain the appropriate signatures and return completed form to the Registrar's Office in Laffin Hall, Room 225. **or** Regoffice@farmingdale.edu
- **IF** you are seeking readmission with five (5) or more years of absence you must file a SUNY application as a "TRANSFER" and list Farmingdale State College (95) as your prior college. For further information, please contact the **Admissions Office**.

Section I – To be completed by student

First Name: _____ **Last Name:** _____ **RAM #** _____

Telephone Number _____

Readmission to same previous degree/major: _____

Readmission to different degree/major: _____

Readmission is effective: **Fall** (YYYY) _____ **Spring** (YYYY) _____

If your curriculum department has changed/updated program requirements and you wish to follow the newly implemented requirements, please indicate below.

Catalog Year to be readmitted into: Prior Admission (YYYY) _____ Current (YYYY) _____

NOTE: If you have attended another institution during your absence, please send an official copy of your transcript(s) to the Admissions Office.

Student's Signature _____ Date: _____

Section II- To be completed by Curriculum Chairperson

*If student was suspended from the college, you are required to complete this section (Please check one):

Amend the student's academic standing from suspension to _____ Probation

_____ Good Standing (must have a 2.0 overall GPA)

Curriculum Chairperson's Signature

(Print name) _____ (Signature) Date: _____

Section III

- I.** **IF** you are an **EOP** student, you must obtain a signature from the **EOP office**. Once signature is obtained, return form to the **Registrar's Office**.

(Print name) _____ (Signature) Date: _____

- II.** **IF** you are an **F-1 or J-1** student, you must obtain signature from the International Education office. Once signature is obtained, return form to the **Registrar's Office**.

(Print name) _____ (Signature) Date: _____