

# Undergraduate Readmission Application 2024

**FALL 2024:** ALL applications **MUST** be received by **May 28, 2024** for Summer 2024 4-week 1; 7-week 1 and 10-Week and July 2, 2024 for 4-week 2; August 20, 2024 for Fall 2024. Students with cumulative **GPA below 2.0** **MUST** obtain **Prior approval** from the **Committee on Academic Policy and Standards** prior to UPLOADING the readmission application.

I am requesting readmission to York College for  SUMMER  FALL

CUNYfirst Empl ID: \_\_\_\_\_ SS #XXX-XX-\_\_\_\_\_  
(Last 4- digits)

Name: \_\_\_\_\_  
Last First

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*Preferred Phone: \_\_\_\_\_ \*York College Email: \_\_\_\_\_

\*Information will be used to update York College records

Veteran:  YES  NO Visa Status \_\_\_\_\_ *All students on F-1 visa MUST maintain full-time course status*

\*\*Requested Major upon return: \_\_\_\_\_ Requested Minor \_\_\_\_\_

\*\*Any student wishing to declare **Clinical Laboratory Science/Medical Technology, Health & Physical Education, Nursing, Occupational Therapy, Public Health, Social Work or Teacher Education** **MUST** submit **Declaration of Major/Minor form** to the department for the Department Chair signature. The department will submit the form to the Office of the Registrar.

Indicate below any institution(s) you attended while separated from York College (an Official transcript(s) **MUST** be sent to the **Office of the Registrar/Transfer Evaluation unit** for any **Non CUNY** institution(s)). Transfer credits **WILL ONLY** be evaluated for institutions that is/are listed below. Any omission **will forfeit** credit (s) evaluation.

College Name	Dates of attendance	Credits earned
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**SEEK Students:** SEEK counselor's signed approval required prior to submission of this form.

SEEK Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

The completed form **MUST** be **UPLOADED** along with a **valid PHOTO ID** to the **Office of the Registrar's secure portal**. Printed out forms **WILL NOT** be accepted in person. Student's **CUNYfirst account** will be billed in the amount of twenty dollars (\$20.00).

**THIS FEE IS NOT REFUNDABLE.**

Students who are not proficient in reading, writing and math **MAY NOT** continue in a senior college as a matriculated student of the City University of New York.

Students who **DID NOT** attend a CUNY school within the **past three years** will be charged out-of-state tuition and will have to apply for residency for in-state tuition.

By signing below, I attest that all information entered above is true. I also acknowledge that I will be required to fulfill all degree requirements (General Education and Major) as published in the current bulletin upon my return if I have been separated from York College for three or more consecutive semesters.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY email sent to student: \_\_\_\_\_ Processed by: \_\_\_\_\_

Career# \_\_\_\_\_  Non Degree  Undergraduate  Pathways  Old Gen. Ed. Req. \_\_\_\_\_ Major Req. \_\_\_\_\_

Residency Status \_\_\_\_\_ Last Attendance \_\_\_\_\_ CAPS Action Date \_\_\_\_\_ Max Crs. \_\_\_\_\_

Testing \_\_\_\_\_ Rec'd From \_\_\_\_\_ Date: \_\_\_\_\_  Photo ID Checked

Billed by Bursar on \_\_\_\_\_ @ \_\_\_\_\_ Enrollment Appoint: \_\_\_\_\_