INSTRUCTIONS FOR READMISSION

AS OF FALL 2013, STUDENTS WHO CHANGE THEIR MAJOR MUST EITHER FOLLOW THE NEW CUNY COMMON CORE/PATHWAYS REQUIREMENTS OR OPT OUT OF PATHWAYS. YOU MUST CONSULT WITH YOUR ACADEMIC ADVISOR TO DISCUSS YOUR OPTIONS.

PLEASE NOTE: ONCE YOU HAVE RECEIVED YOUR KINGSBOROUGH DEGREE, YOU CANNOT APPLY FOR READMISSION. YOU MUST COMPLETE A NEW CUNY TRANSFER APPLICATION AS A SECOND DEGREE STUDENT AT WWW.CUNY.EDU BY ACCESSING YOUR CUNY PORTAL ACCOUNT. YOU MAY ALSO VISIT THE ACADEMIC VILLAGE (V-100) FOR MORE INFORMATION.

1. Your Application for Readmission should be filed immediately, please note the deadline date listed on the “Readmission Process” web page.

2. If you are in “Poor Academic Standing” (your Cumulative Grade Point Average is below 2.0), you must provide a letter of appeal to the Committee on Admission and Academic Standing. That letter should be included with this form.

3. Any “STOPS” on your record must be cleared prior to submitting this form.

4. If you wish to change your major, you must use a Change of Major Application.

5. You will be notified of the status of your Application in writing or by e-mail.

6. For a change of status, consult the college calendar for filing date at www.kbcc.cuny.edu

7. THE $20 READMISSION APPLICATION PROCESSING FEE IS NON-REFUNDABLE.

8. U.S. VETERANS WHO PROVIDE PROOF OF SERVICE DO NOT PAY THE READMISSION APPLICATION PROCESSING FEE.

9. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED, AND AN EXTENSION OF THE DEADLINE DATE WILL NOT BE PROVIDED.

STUDENTS IN GOOD ACADEMIC STANDING

1. Pay the $20 READMISSION FEE at the Bursar’s Office, Room A-205.

2. Obtain IMMUNIZATION CLEARANCE from Health Services, Room A-108.

3. Proof of Residency must be confirmed in Room V-101 if your residency has changed since you last attended KCC. Immigration status documentation: (Original Documents- Passport, I-20, Visa, I-94, I-551) must be presented in Room V-101.

4. Return the Readmission Form for processing to the Registrar’s Office, Room A-101.

STUDENTS IN POOR ACADEMIC STANDING

1. If your cumulative G.P.A. is below 2.0, write an Appeal Letter to the College Committee on Admission and Academic Standing.

2. The Readmission Application must be filed along with the Appeal Letter. You must also:
   - Pay the $20 READMISSION FEE at the Bursar’s Office, Room A-205.
   - Obtain IMMUNIZATION CLEARANCE from Health Services, Room A-108.
   - Proof of Residency must be confirmed in Room V-101 if you residency has changed since you last attended KCC. Immigration status documentation: (Original Documents- Passport, I-20, Visa, I-94, I-551), must be presented in Room V-101.

3. File the Appeal Letter before the deadline posted on KBCC website. Late appeals will be held for consideration for the next 12-week semester.

Return the Readmission Form for processing to the Registrar’s Office, Room A-101. You will be notified of the status of your Application for Readmission in writing.
### Application for Readmission

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security #:</th>
<th>CUNY first #:</th>
<th>Date of Birth</th>
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<tr>
<th>Address</th>
<th>Apt. No.</th>
<th>Home Phone No.</th>
<th>Cell Phone No.</th>
<th>Email Address (Required)</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Former Name (Note: legal documentation required to change name)</th>
<th>Last Name</th>
<th>First Name</th>
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### Application for Readmission for the following semesters:
- **FALL 20____ Semester**
- **WINTER 20_____ Module**
- **SPRING 20_____ Semester**
- **SUMMER 20_____ Module**

*AVAILABLE ONLY TO STUDENTS IN GOOD ACADEMIC STANDING*

### CURRICULUM (MAJOR/PLAN):
________________________

**CONCENTRATION (SUB-PLAN):**
________________________

**NOTE:** If you are changing your major, you must use a Change of Curriculum Application.

### ARE YOU A VETERAN OF A BRANCH OF THE U.S. MILITARY?
- Yes ______   No ______
- **Name of Service Branch __________________**

*Proof Required*

Length of time at above address _____ Years _____ Months

Length of time in New York City _____ Years _____ Months

**NOTE:** Length of time is determined by the date of graduation.

Are you a citizen of United States?  
- Yes    
- No

**If no, Country of Birth __________________**
**Country of Citizenship __________________**

**U. S. Permanent Resident ______**
**Date Obtained __________________**
**Expiration Date __________________**

**Alien Registration (Green) Card Number (MM/DD/YY) __________________**

**Other, please specify __________________________________**

### EDUCATIONAL BACKGROUND:

**GED / High School Attended**

**Award Date / Grad Date***

**Previous dates of attendance at Kingsborough**
From (MM/DD/YY) ___________ To (MM/DD/YY) ___________

**Have you earned a 4-year college degree or a higher degree?**
- Yes**    
- No

*If a review of your file indicates that the official high school transcript, GED scores and/or college transcript(s) are not available, you may be required to provide original copies.

**Proof of degree is required by the Admission Office in Room A-112 before readmission.**

### TRANSFER STUDENTS WHO ARE READMITTING:

Since your last enrollment at Kingsborough Community College if you have attended any educational institution, list the institution(s) beginning with the name of current or last attended. Please indicate breaks if your education has not been continuous.

**An official transcript MUST be sent to the Registrar’s Office from colleges listed in order to be considered for the awarding of transfer credits.**

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>State</th>
<th>Dates of Attendance From (Sem/Yr)</th>
<th>To Sem/Yr</th>
<th>Approx. # of Credits Completed</th>
<th>Degree Awarded</th>
<th>Program of Study</th>
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### Certification
By my signature, I certify that all the information in this application is accurate and complete. I understand that failure to file the appropriate application may affect my readmission status. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only.

**Student’s Signature __________________**

**Date __________________**

**Revised 01/2015**

### FOR OFFICE USE:

**MMR**

**HEALTH SERVICES (ROOM A-108)**

**MMR**

**MENINGITIS**

**CODE** __________________**

**SIGNATURE __________________**

**PROOF OF RESIDENCY (ROOM V-101)**

**SIGNATURE __________________**

**SIGNATURE __________________**

**DATE __________________**

**International students must be cleared by an international advisor and obtain a signature.**