

INSTRUCTIONS FOR READMISSION

1. Readmission Application should be filed immediately but according to the deadline date listed on the “Readmission Process” web page.
2. If you are in “Poor Academic Standing” (usually this means 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. You will be notified of the status of your Application for Readmission in writing.
5. THE \$10 READMISSION APPLICATION PROCESSING FEE IS NON-REFUNDABLE.
6. 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 \$10 **READMISSION FEE** at the Bursar’s Office, **Room A-205**.
2. Obtain **IMMUNIZATION CLEARANCE** from Health Services, **Room A-108**.
3. Immigration status documentation: (Original Documents) Passport, I-20, Visa, I-94, I-551 must be presented to the attention of Ms. Rosalie A. Fayad, International Foreign Student Affairs Office, **Room V-114**.
4. Return 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. **Readmission Application must be filed along with the Appeal Letter as follows:**
 - a) Pay the \$10 **READMISSION FEE** at the Bursar’s Office, **Room A-205**.
 - b) Obtain **IMMUNIZATION CLEARANCE** from Health Services, **Room A-108**.
 - c) Immigration status documentation: (Original Documents) Passport, I-20, Visa, I-94, I-551 must be presented to the attention of Ms. Rosalie A. Fayad, International Foreign Student Affairs Office, **Room V-114**.
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.
4. Return Readmission Form for processing to the Registrar’s Office, **Room A-101**.



Application for Readmission

Last Name		First Name		Social Security Number		Date of Birth		
Address			Apt. No.	Home Phone No.	Cell Phone No.	Email Address		
City		State	Zip Code		Former Name (Note: legal documentation required to change name) Last Name			First Name

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

I plan to attend the following session: (Please check one)

DAY SESSION
 EVENING/WEEKEND SESSION

CURRICULUM (MAJOR):

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

I last attended in the following status: (Please check one)

DEGREE (MATRICULATED) STUDENT
 NON-DEGREE (NON-MATRICULATED) STUDENT

Non-degree students are not eligible for financial aid.

Length of time at above address ___ Years ___ Months
 Length of time in New York City ___ Years ___ Months
 Length of time in New York State ___ Years ___ Months
 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)
 (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.

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.

Name of Institution	State	Dates of Attendance		Approx. # of Credits Completed	Degree Awarded		Program of Study
		From Sem/Yr	To Sem/Yr		Yes	No	

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 _____

FOR OFFICE USE:

HEALTH SERVICES (ROOM A-108)

MMR

MENINGITIS

INTERNATIONAL STUDENT AFFAIRS OFFICE (ROOM V-114)

CODE _____

SIGNATURE _____ DATE _____

ROSALIE A. FAYAD

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