

Application for Readmission

PRINT OR TYPE

NAME Last		First		Middle		Social Security Number				Date of Birth Mo. Day Yr.			Sex M <input type="checkbox"/> F <input type="checkbox"/>		Telephone				
Permanent Address No. and Street				Apt. #		City, Village, Post Office						State		Zip Code					
County of Residence				Program Name Applying for								Semester Beginning		Mo.		Yr.			
E-mail Address											Full or Part-time F <input type="checkbox"/> P <input type="checkbox"/>		On-Campus Housing		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are you a New York State resident? Yes <input type="checkbox"/> No <input type="checkbox"/>					If not, are you a permanent resident of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					If yes, but for less than a year, how many months? <input type="text"/> <input type="text"/>				
APPLICATION FEE: The fee to process your application for readmission is \$50. The fee is non-refundable and is independent of an admission decision or decision to withdraw or decline an offer of acceptance. Your application will not be processed until full payment is received.				EOP FEE WAIVER: If you are applying for readmission through the Educational Opportunity Program (EOP), the fee for your application will be waived, initially. If, upon review of your application, you are found ineligible for EOP, or EOP is not available for your program, you will be billed for the fee.				Payment options are as follows: Credit or Debit card: MasterCard, VISA, Discover. Check (or Money Order): To pay by check, send a single check for the total amount due to Alfred State. Checks must be made payable to Alfred State College. Returned checks will be subject to an additional processing fee of \$20.											
Name all colleges attended (including Alfred State)		Street		City		State		Full or Part-time		Previous EOP Student		Dates Attended		Previous or Current Academic Program					
(Last College here)								F <input type="checkbox"/> P <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		From Mo./Yr. To Mo./Yr.							
								F <input type="checkbox"/> P <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Mo./Yr. Mo./Yr.							
								F <input type="checkbox"/> P <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Mo./Yr. Mo./Yr.							
								F <input type="checkbox"/> P <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Mo./Yr. Mo./Yr.							

Since last attending Alfred State, check box if you have been: Dismissed and/or expelled from a college for disciplinary reason

To assist in the evaluation of your request for readmission, please explain why you are seeking readmission. Also, if you have been academically dismissed from Alfred State, please explain what you have done or plan to do to improve your academic performance. If more space is required, please attach additional sheets.

If you have any educational records under a different name at Alfred State, give former name. Last <input type="text"/> First <input type="text"/>	I understand that this application cannot be processed if it has not been completed according to instructions and that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. Applicant's Signature <input style="width:90%;" type="text"/> Date <input style="width:10%;" type="text"/>
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- THIS FORM MUST BE SUBMITTED TO THE ADMISSIONS OFFICE -