

## **Graduate Readmission Application 2023**

Filing Alert: ALL APPLICATIONS MUST BE RECEIVED BY; December 27, 2022 for Winter 2023: January 25, 2023 FOR SPRING 2023. APPLICATIONS SUBMITTED AFTER THESE DATES WILL BE RETURNED.

| I am requesting readmission to York College for  | or the Winter Spri                             | ng              |                      |
|--|--|-----------------|----------------------|
| CUNYfirst Empl ID:   | SS #XXX-XX                                     |                 |                      |
| Name   |  | (LdSt           | 4- digits)           |
| Name:<br>Last  | First  |                 | M.I.                 |
| *Address:  |  |                 |                      |
| *City  |  |                 |                      |
| *Preferred Phone:  | York College Email:                            |                 |                      |
| *Information will be used to update York College re  | -  |                 |                      |
| Van No   | Visa Status                                    |                 |                      |
| Veteran: Yes No All stude  | nts on F-1 visas must maintain full-time cours | e of study      |                      |
| Graduate Program:  |  |                 |                      |
|  |  |                 |                      |
| Department Chair Signature:  | Date:  |                 |                      |
| Status: Readmission Approved   | Denied   |                 |                      |
| Indicate other institution(s) attended while separate of the Registrar).  Students who did not attend a CUNY school within have to apply for residency for in-state tuition. |  |                 |                      |
| College Name earned  | Date of atte                                   | endance         | Credits              |
| College Name earned  | Date of atte                                   | <br>endance     | Credits              |
| The completed form MUST be uploaded to the Offic of Twenty dollars (\$20.00). THIS FEE IS NOT REFUL  |  | account will be | billed in the amount |
| By signing below, I attest that all information entered a  | bove is true.                                  |                 |                      |
|  |  |                 |                      |
| Signature  | Date   |                 |                      |
| OFFICE USE ONLY:   |  |                 |                      |
| Career# Resident Status  | Last Attended:                                 | —— []           | Photo ID Checked     |
| Staff Initials: ————   | Date:  |                 |                      |