

Undergraduate Readmission Application

Summer/Fall 2026

This completed form **MUST** be uploaded along with a valid **PHOTO ID** to the [Registrar's secure portal](#). Printed out forms **WILL NOT** be accepted in person or through email.

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.

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

Name: _____
Last First

Address: _____
 City: _____ State: _____ ZIP: _____

Preferred Phone: _____ Email: _____

Information will be used to update your CUNYfirst account

Veteran: Yes No Visa status: _____ *All students on F-1 visa MUST maintain full-time course status*

Use drop down menu for Major/Minor

**Requested Major: _____ Requested Minor: _____

Any student wishing to declare **Accounting & Finance, 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. Once approved, the student **MUST** upload the signed form to the [York Registrar's secure portal](#) along with a valid photo ID.

Indicate below any institution(s) you attended while separated from York College. An Official transcript **MUST** be sent to the [Office of the Registrar Transfer Evaluation unit](#) for any Non-CUNY institutions. Transfer credits **WILL ONLY** be evaluated for institutions that are listed below. Any omission will forfeit credit 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
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The readmission fee is currently being waived by York College.

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. _____ Minor Req. _____

Residency Status _____ Last Attendance _____ CAPS Action Date _____ Max Crs. _____

Testing _____ Rec'd From _____ Date: _____ Photo ID Checked

Billed by Bursar on _____ @ _____ Enrollment Appoint: _____