## REQUEST FOR RE-ENROLLMENT

We are pleased to review your request for re-enrollment. If you are re-enrolled, the decision a ects only your ability to register for classes. This decision does not imply restoration of eligibility for nancial aid (including student loans). Please consult Financial Aid Services (607-777-2428) before making nal plans to return to Binghamton University.

Contact your academic advising o ce if you have questions about policies for continued enrollment and graduation requirements.

DEADLINE: Complete and submit application to the O ce of Undergraduate Admissions at least two weeks prior to the beginning of the semester of re-enrollment.

COMPLETE ALL SECTIONS.	PRINT ITEMS CLEAR	LY AND SIGN.		
SEMESTER and year of re-enr	rollment: Fall	Spring Summer W	/inter Year	
PERSONAL INFORMATION				
		Social Security n	umber	
Last	First	M.I.		
Former name (if applicable)				
Date of birth	Phone: Home (	)	_ Cell ( )	
Month/Day/Year				
Binghamton email				
Personal email				
LEGAL ADDRESS (include apa	artment and oor number	if applicable)		
Street		Apt		Floor
City		State	ZIP code	
<u> </u>				
If New York sta te resident, cou	unty of legal residence			
MAILING ADDRESS (if di er	ent from above)			
Street	,	Λnt		Floor
Sileei		Αρι	•	F1001
City		State	ZIP code	
Are you a citizen of the Unit	ed States of America?	Yes No		
If NO, are you a PERMANENT	RESIDENT ALIEN of the	United States of America?	Yes No	

Have you ever been dismissed or susp			
. ,		c reasons? Yes No	
Answering yes to either of the previo yes to either of the previous two quest falsi cation or omission of data may re	ions, you may be require	d to provide further information. Ar	
ACADEMIC INFORMATION			
Last semester and year of attendance	at Binghamton:	Fall Spring Summer [	Winter Year
Did you o cially withdraw from Binghar	mton? Yes	No	
What was your status?	ated (degree-seeking)	Non-degree	
Were you previously enrolled in the Ed	lucational Opportunity Pro	ogram (EOP)? Yes	No
Check the school in which you were p	reviously enrolled (re-enro	ollment will be to the same school)	):
Harpur College of Arts and Science	es	School of Management	
College of Community and Public (SEHD—Human Development)	A airs	Thomas J. Watson College of Eng	gineering and Applied Science
Decker College of Nursing and Hea	alth Sciences		
What was your program/curriculum?			
	a t you have complet	ed since leaving Binghamton.	
Please list all additional coursework th	a t you have complet Dates Att ended	ed since leaving Binghamton. Program/Curriculum	GPA
Please list all additional coursework th			GPA
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Please list all additional coursework th			GPA
Please list all additional coursework th College/University	Dates Att ended	Program/Curriculum	
Please list all additional coursework th College/University  Have you earned a degree ? Where	Dates Att ended	Program/Curriculum  Date	Degree
What was your program/curriculum?  Please list all additional coursework th  College/University  Have you earned a degree ? Where  Send o cial transcript(s) to Binghamt you would like us to consider.	Dates Att ended	Program/Curriculum	Degree
Please list all additional coursework the College/University  Have you earned a degree ? Where Send o cial transcript(s) to Binghamt you would like us to consider.	Pates Att ended  on University. Include	Program/Curriculum  Date  Date any addition	Degree
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Please list all additional coursework the College/University  Have you earned a degree ? Where Send o cial transcript(s) to Binghamt you would like us to consider.  Please be sure to sign and date this for	on University. Includ	Program/Curriculum  Date  Date   e on a separate sheet any addition	Degreenal information that
Please list all additional coursework the College/University  Have you earned a degree ? Where Send o cial transcript(s) to Binghamt you would like us to consider.  Please be sure to sign and date this for the University. I certify that all the	Prm. Did you check all appropriate and information submitted by	Program/Curriculum  Date  Date  Dicable boxes and answer all questing that I am subject to the rules me or on my behalf is true and col	Degree nal information that stions? s and regulations rrect. I understand
Please list all additional coursework the College/University  Have you earned a degree ? Where Send o cial transcript(s) to Binghamt you would like us to consider.  Please be sure to sign and date this for the University. I certify that all the that this request cannot be process	on University. Including and a information submitted by ed unless all questions ar	Program/Curriculum  Date  Date   e on a separate sheet any addition of the color of	Degree nal information that stions? s and regulations rrect. I understand mation is submitted.
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Please list all additional coursework the College/University  Have you earned a degree ? Where Send o cial transcript(s) to Binghamt you would like us to consider.  Please be sure to sign and date this form the University. I certify that all the that this request cannot be process I understand also that any deliberate.	on University. Including and Information Submitted by ed unless all questions are falsi cation or omission on the University.	Program/Curriculum  Date  Date  Dicable boxes and answer all questions are alize that I am subject to the rules are or on my behalf is true and core answered and all requested infort of data on or related to this applications.	Degree nal information that stions? s and regulations rrect. I understand mation is submitted.

Return required form to:

O ce of Undergraduate Admissions

PO Box 6001, Binghamton, NewYork 13902-6001

Email: admit@binghamton.edu, Phone: 607-777-2171, Fax: 607-777-4445