GRADUATE READMISSION APPLICATION

INSTRUCTIONS:

1. Fill out (in Black or Blue ink) ALL portions of this application, any missing information will DELAY the processing and may result in the RETURN of your application.
2. This application MUST be returned to the Readmission Office or mailed to Brooklyn College, 2900 Bedford Avenue, Brooklyn NY 11210 attn: Readmission. We must receive the application, in our office, prior to the deadline.
3. Any changes to your academic record/GPA that occur after you have submitted the readmission application must be reported. We will not be responsible for any consequences if you are negligent in reporting a change in your academic record/GPA.

If you fall into any of the categories below you cannot submit this Readmission Application. You need to apply for admission via the Office of Admissions:

1. You are a non-matriculated/non degree graduate student who has not been in continuous enrollment.
2. You never attended Brooklyn College’s Graduate Division.
3. You ONLY attended as a Visiting Student.
4. You ONLY participated in the UFT program.
5. You have already earned a graduate degree from Brooklyn College.
6. You are enrolled in a graduate program at Brooklyn College but wish to switch to a different program.
7. You wish to CHANGE your matriculation status.

Readmission Deadlines:
(These deadlines may change without notification)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Fall Semester</td>
<td>August 1&quot;</td>
</tr>
<tr>
<td>Winter Session</td>
<td>December 1&quot;</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>January 1&quot;</td>
</tr>
<tr>
<td>Summer Semester</td>
<td>May 1&quot;</td>
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If your application is received after the deadline you will be placed on a waiting list. You will be notified if space becomes available or if your application will be processed for the following semester. Submission of this application does not automatically guarantee readmission to Brooklyn College.
PLEASE CIRCLE YOUR ANSWER:

TERM OF READMISSION: SPRING SUMMER FALL WINTER YEAR____

DATE FIRST ATTENDED BC__________ DATE OF LAST ATTENDANCE AT BC__________

SOCIAL SECURITY NUMBER DATE OF BIRTH

LAST

FIRST MI

OTHER NAMES USED, IF APPLICABLE

ADDRESS STREET APT

CITY STATE ZIP CODE

(Include area code) HOME PHONE WORK/ CELL PHONE

E-Mail ADDRESS

I hereby certify that all information in this application is accurate and complete. I understand that failure to complete any section of this readmission application may affect my status at the college.

Once accepted and registered a $10.00 Readmission Fee will appear on your bill. The Readmission fee of $10.00 is a non-refundable fee and cannot be transferred to another semester.

APPLICANT’S SIGNATURE ____________________________ DATE______________
Advisory Recommendations from Graduate Deputy/Program Head:

List advisory recommendations for student’s progress toward completion of degree:

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________

5. ______________________________________________________________________

Signature of Graduate Deputy/Program Head   Date

Student:

I have met with the Graduate Deputy/Head Program and discussed what is necessary to complete my degree in a timely manner.

Signature of Student   Date

C. If you are a graduate of the School of Education (SOE), you may use this form to readmit as a non-matriculated student into an extension program as long as there has not been a break in your continuous attendance. SOE approval must be obtained on this application and the approval will be valid for one term only. Before application is submitted, please secure SOE approval below.

SOE approval: Please indicate below which extension program is begin approved.

☐ (BE) BILINGUAL EXTENSION
☐ (GE) GIFTED EXTENSION
☐ (ME) MIDDLE CHILDHOOD EXTENSION

SOE Signature: _________________________________ DATE_______________