



Office of Admissions

REACTIVATION REQUEST FORM

Note: This form is to be completed by students who were accepted to **Brooklyn College** and want to defer their admission for one semester. **STUDENTS ARE ALLOWED TO DEFER THEIR ADMISSION FOR ONE (1) SEMESTER WITHOUT A FEE. AFTER TWO SEMESTERS OR A YEAR, STUDENTS ARE REQUIRED TO RE-APPLY WITH A NEW FEE.**

Please complete **ALL** the information requested (print clearly)

Which semester and year were you accepted to Brooklyn College? SPRING FALL Year 200 _____

Which application did you complete? Freshman Transfer

SSN/ID _____ - _____ - _____ DOB (Month/Day/Year) ____/____/____ Male Female

Last name _____ First name _____ Middle _____

Address _____

Street

Apt

City

State

Zip

Telephone (Daytime) _____ (Evening) _____ (Email) _____

*Are you currently registered for classes at Brooklyn College? Yes No

If you are registered for classes, you must officially withdraw from these classes. Please go to the Registrar's Office located in Boylan Hall, Room 1118 to officially withdraw.

*Are you planning to attend another College for the semester you are requesting a deferment?

YES

NO

*If yes: Name of College _____

*Please submit updated official transcripts to the Office of Undergraduate Admissions located in Room 1103 James Hall.

If you were initially accepted as a freshman to Brooklyn College and attended another college, you are required to complete a CUNY transfer application. **DO NOT COMPLETE THIS FORM.** please contact an admissions counselor at 718-951-5001.

Signature _____

Date _____

Do not write below this line

SIMS: Fall Semester Spring Semester Year _____

Check SIMS (SIQ/SRI) to verify students record.

Re-enter SIMS codes (SUS/GIF).

Add "RE", "C" and other program code STOPS as required (SUS/STP)

Copy application for Official files _____

Copy application for Office of Testing _____

Send admissions package to student _____

Freshman memo to UAPC (with missing documents).

Transfer memo to UAPC (with missing documents).