

OFFICE OF THE REGISTRAR
445 WEST 59TH STREET, ROOM 4113N.
NEW YORK, N.Y. 10019
PHONE NUMBER 212-237-8878
FAX NUMBER: 212-237-8875

UNDERGRADUATE APPLICATION FOR READMISSION

(Part I) A \$10 Readmission Fee, payable by check or money order made out to John Jay College must be submitted with this application to the Office of the Registrar, Room 4113N.

THIS APPLICATION IS TO BE USED BY FORMER STUDENTS WHO HAVE NOT REGISTERED FOR A SEMESTER OR MORE.

READMIT FOR: SPRING 20_____ WINTER 20_____ FALL 20_____ SUMMER 20_____

Social Security Number: _____ Last Semester Attended: _____ Major: _____

Name: _____
Last First MI (Maiden)

Address: _____
Street Apt. #

City State Zip

E-mail Address: _____

Home Phone: (____) _____ Date of Birth _____

Cell Phone: (____) _____

Occupation: _____

Work Phone: (____) _____

FORMER ADDRESS (IF DIFFERENT SINCE YOU LAST ATTENDED):

Street: _____
City State Zip

HEALTH ALERT: Please mark "X" whether or not you have a health problem or disability that requires special accommodations to enable you to pursue a course of study.

A. _____ No _____ Yes (If yes mark "X" to all boxes that apply.)

- B.
- | | |
|-----------------------------------|------------------------------|
| a. _____ Wheelchair Bound | f. _____ Speech Impairments |
| b. _____ Blind (legally) | g. _____ Cardiac Condition |
| c. _____ Braces/Crutches | h. _____ Seizures |
| d. _____ Deaf/Severe Hearing Loss | i. _____ Learning Disability |
| e. _____ Neurological Impairments | j. _____ Other |

(Revised Sept. 2007 by JL)

ADDITIONAL EDUCATIONAL EXPERIENCE:

Have you attended any college since you last attended John Jay?

_____ Yes _____ No

If "YES", list below names of the institutions, dates of attendance, and degrees received. Student is required to provide official copies of transcripts from institutions attended sent to the Office of the Registrar BEFORE permitted to re-enter.

IF YOU ATTENDED JOHN JAY COLLEGE *PRIOR* TO THE FALL 1994 SEMESTER, PLEASE INDICATE THE FOLLOWING:

High school from which you graduated: _____
Year of graduation: _____

Location: (E.G. Bronx, NY) _____

IMPORTANT: If you attended John Jay prior to Fall 1994 Semester, you must bring original high school diploma or copy of your high school transcript to the Registrar's Office.

DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY

Approved by: _____ Denied by: _____

Major: _____ GPA: _____ Credits Completed: _____

SIMS Record Creation/Activation Date: _____

Registration Date and Time: _____

DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY
Recommendation of Readmission Committee:

Project Smart: _____ New Start: _____

Begin Program: _____ In-Service Program: _____

SEEK: _____ Rejected: _____

Holds: Testing: _____ Transcript: _____ Other: _____

Stops: _____ Letter Sent: _____