



# REQUEST FOR RE-ENROLLMENT

We are pleased to review your request for re-enrollment. If you are re-enrolled, the decision affects only your ability to register for classes. This decision does not imply restoration of eligibility for financial aid (including student loans). Please consult Financial Aid Services (607-777-2428) before making final plans to return to Binghamton University. Contact your academic advising office if you have questions about policies for continued enrollment and graduation requirements.

NOTE: You must be in compliance with Binghamton University's vaccination policy in order to re-enroll and register for courses. Details can be found at [binghamton.edu/covid-guidance](http://binghamton.edu/covid-guidance).

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

**COMPLETE ALL SECTIONS. PRINT ITEMS CLEARLY AND SIGN.**

**SEMESTER** and year of re-enrollment:  Fall  Spring  Summer  Winter Year \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_ Social Security number \_\_\_\_\_  
Last First M.I.

Former name (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_  
Month/Day/Year

Binghamton email \_\_\_\_\_

Personal email \_\_\_\_\_

**LEGAL ADDRESS** (include apartment and floor number if applicable)

Street \_\_\_\_\_ Apt. \_\_\_\_\_ Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

If New York state resident, county of legal residence \_\_\_\_\_

**MAILING ADDRESS** (if different from above)

Street \_\_\_\_\_ Apt. \_\_\_\_\_ Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No

If NO, are you a PERMANENT RESIDENT ALIEN of the United States of America?  Yes  No

If NO, of what country are you a citizen? \_\_\_\_\_

Visa type if any:  F-1  J-1  other (please specify) \_\_\_\_\_

Office of Undergraduate Admissions, PO Box 6001, Binghamton, New York 13902-6001  
Phone: 607-777-2171, Fax: 607-777-4445, Email: [admit@binghamton.edu](mailto:admit@binghamton.edu) Web: [binghamton.edu/admissions](http://binghamton.edu/admissions)



**THIS SECTION FOR OFFICE USE ONLY**

SEM	M/NM	SCH	CURR	LSEM	CATYR	EOP	RES	HOLDS	STATUS	DATE

Have you ever been dismissed or suspended from a college for:

disciplinary reasons?  Yes  No

academic reasons?  Yes  No

Answering yes to either of the previous two questions will not automatically prevent re-enrollment. If you do respond yes to either of the previous two questions, you may be required to provide further information. Any deliberate falsification or omission of data may result in denial of your re-enrollment request.

**ACADEMIC INFORMATION**

Last semester and year of attendance at Binghamton:  Fall  Spring  Summer  Winter Year \_\_\_\_\_

Did you officially withdraw from Binghamton?  Yes  No

What was your status?  Matriculated (degree-seeking)  Non-degree

Were you previously enrolled in the Educational Opportunity Program (EOP)?  Yes  No

Check the school in which you were previously enrolled:

Harpur College of Arts and Sciences

School of Management

College of Community and Public Affairs  
(SEHD-Human Development)

Thomas J. Watson College of Engineering and Applied Science

Decker College of Nursing and Health Sciences

What was your program/curriculum? \_\_\_\_\_

Please list all additional coursework that you have completed since leaving Binghamton.

College/University	Dates Attended	Program/Curriculum	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you earned a degree? Where? \_\_\_\_\_ Date \_\_\_\_\_ Degree \_\_\_\_\_

Send official transcript(s) to Binghamton University. Include on a separate sheet any additional information that you would like us to consider.

*I am requesting re-enrollment to Binghamton University and realize that I am subject to the rules and regulations of the University. I certify that all the information submitted by me or on my behalf is true and correct. I understand that this request cannot be processed unless all questions are answered and all requested information is submitted.*

*I understand also that any deliberate falsification or omission of data on or related to this application may result in denial of enrollment or dismissal from the University.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to sign and date this form. Did you check all applicable boxes and answer all questions?

Retain a copy of this form and all attachments for your records.

Return required form to:

Office of Undergraduate Admissions  
PO Box 6001, Binghamton, New York 13902-6001  
Email: [admit@binghamton.edu](mailto:admit@binghamton.edu), Phone: 607-777-2171, Fax: 607-777-4445,



[binghamton.edu](http://binghamton.edu)