



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.

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

Last First M.I. Social Security number _____

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 Web: binghamton.edu/admissions

BINGHAMTON
UNIVERSITY
STATE UNIVERSITY OF NEW YORK

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 (re-enrollment will be to the same school):

☐ 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.

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

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 _____

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, Phone: 607-777-2171, Fax: 607-777-4445

Binghamton University is strongly committed to affirmative action. We offer access to services and recruit students and employees without regard to race, color, gender, religion, age, disability, marital status, sexual orientation or national origin.

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