

Application for Readmission



Name:

Last

First

M

Address: _____

Street

City

State

Zip

Phone: _____ Email Address: _____

Former Name(s) _____ Date of Birth: _____

Application Status: Full Time / Part Time

Re-Entry Date: _____ Spring or Fall

Year

Circle One

Morrisville Campus / Norwich Campus
Circle one

Previous Major _____ Requested Major(if different) _____

Date of last semester attended _____

Year

Spring / Fall

Did you graduate from Morrisville State College? Yes___ No___ Date of Graduation_____

Did you withdraw from Morrisville for personal/financial reasons? Yes_____ No_____

Since your departure /dismissal from Morrisville State College...

1. Have you been convicted of a felony? Yes___ No_____
2. Have you been expelled and /or dismissed from any college for disciplinary reasons? Yes___ No___

Were you enrolled in Morrisville's Education Opportunity (EOP) Program? Yes_____ No_____

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