Undergraduate Readmission Application
Winter/Spring 2026

Students with cumulative **GPA below 2.0 MUST** obtain **Prior approval** from the **Committee on Academic Policy and Standards** prior to **UPLOADING** the readmission application.

CUNYfirst Empl ID: _____ **SS #XXX-XX-** _____
(**Last 4- digits**)

Name: _____ _____
Last First

***Address:** _____

***City:** _____ **State:** _____ **ZIP:** _____

***Preferred Phone:** _____ **Email:** _____

***Information will be used to update York College records**

Veteran: ☐ YES ☐ **Visa Status:** _____ ***All students on F-1 visa MUST maintain full-time course status***

Use drop down menu for Major/Minor

****Requested Major :** _____ **Requested Minor:** _____

Any student wishing to declare **Clinical Laboratory Science/Medical Technology, Health & Physical Education, Nursing, Occupational Therapy, Public Health, Social Work or Teacher Education **MUST** submit the **Declaration of Major/Minor form** to the department for the Department Chair signature. Once completed the form **MUST be upload** to the Registrar's secure portal along with a valid photo ID.
Indicate below any institutions you attended while separated from York College. Official transcripts **MUST** be sent to the **Office of the Registrar Transfer Evaluation unit** for any Non CUNY institutions. Transfer credits **WILL ONLY** be evaluated for institutions that are listed below. Any omission will forfeit credits evaluation.

College Name	Dates of attendance	Credits earned

SEEK Students: SEEK counselor's signed approval required prior to submission of this form.

SEEK Counselor signature **Date**

This completed form **MUST** be **UPLOADED** along with a **valid PHOTO ID** to the **Office of the Registrar's secure portal.** Printed out forms **WILL NOT** be accepted in person. Student's **CUNYfirst account** will be billed in the amount of twenty dollars ($20.00). **THIS FEE IS NOT REFUNDABLE**.
Students who are not proficient in reading, writing and math **MAY NOT** continue in a senior college as a matriculated student of the City University of New York.
Students who **DID NOT** attend a CUNY school within the **past three years** will be charged out-of-state tuition and will have to apply for residency for in-state tuition.

By signing below, I attest that all information entered above is true. I also acknowledge that I will be required to fulfill all degree requirements (General Education and Major) as published in the current bulletin upon my return if I have been separated from York College for three or more consecutive semesters.

Student signature **Date**

OFFICE USE ONLY **email sent to student:** _____ **Processed by:** _____

Career# ____ ☐ **Non Degree** ☐ **Undergraduate** ☐ **Pathways** ☐ **Old Gen. Ed. Req.** _____ **Major Req.** _____ **Minor Req.** _____

Residency Status _____ **Last Attendance** _____ **CAPS Action Date** _____ **Max Crs.** ___

Testing _____ **Rec'd From** _____ **Date:** _____ ☐ **Photo ID Checked**

Billed by Bursar on _____ @ _____ **Enrollment Appoint:** _____