Undergraduate Readmission Application
Winter/Spring 2026

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

CUNYfirst Empl ID: _____ **SS #XXX-XX-** _____

(**L**ast **4- digits**)

Name: _____ _____
Last   First

*Address: _____

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

*Preferred Phone: _____ ***York College Email:** _____

*I**nformation will be used to update York College records**

Veteran: ☐ YES   NO **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 <u>MUST</u> submit **Declaration of Major/Minor form** to the department for the Department Chair signature. Once approved, the student MUST upload the signed form to the Registrar's secure portal along with a valid photo ID.

Indicate below any institution(s) 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 institution. 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
College Name	Dates of attendance	Credits earned

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

_____   _____
SEEK Counselor signature   **Date**

This completed form **<u>MUST</u>** be **<u>UPLOADED</u>** 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). **<u>THIS FEE IS NOT REFUNDABLE</u>**.

Students who are not proficient in reading, writing and math **<u>MAY NOT</u>** continue in a senior college as a matriculated student of the City University of New York.

Students who **<u>DID NOT</u>** 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:** _____