

# DUTCHESS COMMUNITY COLLEGE

## Application for Re-Admission

You must complete this form if you are requesting readmission. Readmission is required for students who meet any of the following criteria. Please select the criteria appropriate to your situation:

- You were accepted into a degree program at DCC and attended, but since had a break of two or more consecutive semesters in your enrollment (excluding summer and winter terms).
- You were academically dismissed from the college and lost your matriculation status.
- You were non-academically dismissed from the college and lost your matriculation status.
- You graduated from DCC and are pursuing a second degree.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.) \_\_\_\_\_ Student A# or SSN# \_\_\_\_\_

Other Name for records (if appropriate) \_\_\_\_\_ Date of Birth: mo. \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Check if new address

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How Long? \_\_\_\_\_ Country of Citizenship:  USA  Other \_\_\_\_\_

Have you ever been suspended, dismissed, or expelled from any college or university for disciplinary reasons?  Yes  No

Veteran of U.S. Armed Services?  Yes  No If yes, attach a copy of your DD 214.

If yes, do you plan to seek VA Educational benefits?  Yes  No

List prior college(s) attended since you last attended DCC. (Transcripts are required for all colleges previously attended):

If you are a student with a documented disability who is in need of accommodations, please contact the Office of Accommodative Services at (845) 431-8055.

### Request for Re-Admission

Semester/Year: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Semester/Year you were last enrolled at DCC \_\_\_\_\_

Full-time  Official High School Transcript/GED, or College Transcript showing degree completion must be on file.

Part-time

If Full-time or Part-time matriculated, indicate program choice:\*

**\*Nursing students must be Dutchess or Putnam County residents and eligible for matriculation to program.**

**My signature below verifies that the information I have reported on this application is complete and factually correct.** By signing this document I understand that I will be entered under the catalog term for which I enroll. This request supersedes all prior submitted requests.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Approved by Admissions Office \_\_\_\_\_ Date \_\_\_\_\_

ACT Coach Meeting \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_