

# INSTRUCTIONS FOR RE-ENTRY APPLICATION

A \$20 non-refundable fee must accompany all applications. Please submit a check or money order payable to Baruch College. If you wish to pay cash, please make a payment at the Bursar's Office at 151 East 25th St, Room 810. **Please do not fax or email your application. Faxed or emailed applications will not be accepted.**

## APPLICATION REQUIREMENTS

**File this application if:**

- You received at least one semester of grades in a previously started degree program at Baruch College.
- You are not currently enrolled in another degree program.

If you have been dismissed, contact the appropriate academic services to file an appeal for reinstatement.

Undergraduate Students

The Office of Undergraduate Advisement & Orientation: VC 5-215

Graduate Students

Zicklin School of Business: VC 13-280

Weissman School of Arts and Sciences: VC 8-211

Marxe School of Public and International Affairs: 135 E. 22<sup>nd</sup> St., Rm. 307

## IMPORTANT READMISSION INFORMATION

Effective Fall 2013, Undergraduate students who were out of school for 2 or more consecutive semesters are required to follow the new Pathways curriculum.

Effective Fall 2011, the Zicklin School of Business will not accept Undergraduate Second Degree students into the Accounting Program. If you were already accepted by the Zicklin School of Business into the Accounting program you will be allowed to continue your program.

**All undergraduate students must have an academic advisor's signature prior to submitting application to the Registrar's Office.** Students who are re-entering must meet scholastic standards in effect at the time of re-admission.

**If you have been out of school for more than one year or are readmitted with a different address,** you must re-file the New York State Residency application. For further information, please contact the residency coordinator at 646-312-1179.

**You must satisfy immunization requirements** before you can register. For further information, please contact Medical Records 646-312-1159.

**Winter Session Readmission** Students who are not registered for the Fall semester must file a readmit for the spring semester, if they are interested in registering for the Winter session.

## RE-ENTRY APPLICATION

A \$20 non-refundable fee (check or money order) must accompany this applications. Please print clearly and fill in all portions of the form. Any question or comments please email us at [Reentry@Baruch.cuny.edu](mailto:Reentry@Baruch.cuny.edu)

REGISTRAR'S OFFICE	
PAID	<input type="checkbox"/>
INITIAL:	_____

### APPLICATION

Type:  Undergraduate  Graduate

Semester :  Winter 2020, Deadline: December 9, 2019  Summer 2020 Session I and III, Deadline: May 25, 2020  
 Spring 2020, Deadline: January 6, 2020  Summer 2020 Session II, Deadline: June 29, 2020  
 Fall 2020, Deadline: August 10, 2020

### STUDENT INFORMATION

\_\_\_\_\_ OR XXX—XX— \_\_\_\_\_  
 EEMPLID (CUNYfirst ID) Last four digits SSN Date of Birth

Name: Last First MI Name on CUNYfirst Account (if different)

Current Street Address Day Phone

City State Zip Email Address

Have you attended any school since leaving Baruch?  No  Yes, Indicate the school(s) and dates of attendance.

Official transcript is required prior to registering.

School	Dates of Attendance	School	Dates of Attendance
1		2	

### UNDERGRADUATE STUDENTS ONLY PLEASE TAKE TO THE OFFICE OF UNDERGRADUATE ADVISEMENT (ROOM 5 215 VC)

ADVISOR NAME: \_\_\_\_\_ Comments: \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_

EXTENSION: \_\_\_\_\_ DATE: \_\_\_\_\_

### APPLICATION AGREEMENT

Please Read Before You Sign:

Undergraduate students must have an academic advisor's signature prior to submitting application to the Registrar's Office

I hereby certify that the statements on this application and all the supporting documents are true.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

REGISTRAR'S OFFICE USE ONLY ACADEMIC STANDARD GPA: _____ CRD: _____ <input type="checkbox"/> PROB <input type="checkbox"/> DISM <input type="checkbox"/> REIN CRD LIMIT: _____ GRAD TIME LIMIT: _____	TERM ACTIVATE <input type="checkbox"/> FA <input type="checkbox"/> WI <input type="checkbox"/> SP <input type="checkbox"/> SU <input type="checkbox"/> RADM <input type="checkbox"/> PTH <input type="checkbox"/> APPT <input type="checkbox"/> SKILLS <input type="checkbox"/> ADV <input type="checkbox"/> APS <input type="checkbox"/> TRANS TEXT	EMAILED DATE _____	COMMENTS: _____ _____ _____
		PROCESSED BY INITIAL _____	
		DATE _____	