

Undergraduate Readmission Application 2025

Fall 2025: ALL applications MUST be received by by May 27, 2025 for Summer 2025 4-week 1; 7-week 1; 10-Week and June 30, 2025 for 4-week 2 and August 18, 2025 for Fall 2025.

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.

I am requesting readmission to York College for **SUMMER** **FALL**

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

Name: _____
Last First

*Address: _____

*City: _____ State: _____ ZIP: _____

*Preferred Phone: _____ *York College Email: _____

*Information 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*

**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 **Declaration of Major/Minor form** to the department for the Department Chair signature. The department will submit the form to the Office of the Registrar.

Indicate below any institution(s) you attended while separated from York College (an Official transcript(s) **MUST** be sent to the **Office of the Registrar/Transfer Evaluation unit** for any **Non CUNY** institution(s)). Transfer credits **WILL ONLY** be evaluated for institutions that is/are listed below. Any omission **will forfeit** credit (s) evaluation.

College Name	Dates of attendance	Credits earned
_____	_____	_____
_____	_____	_____

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 _____

The 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. _____

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

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

Billed by Bursar on _____ @ _____ Enrollment Appoint: _____