

	R	E-ENTRY APPL	ICATION			
First Name	Middle Last					
Address						
Street Home No.	Apt.# Cell N	lo.	City, State	Zip Code		
()		_)	()		
-Mail Address:Social Security No						
Do you have a Valid Drivers License: Yes No						
If no, please explain						
Drivers License ID:				nse Issued Bv		
Drivers License ID:State Drivers License Issued By: RE-ADMISSIONS						
APPLICATION FOR		Gender		Date of Birth		
FALL	DAY	Male Female				
			U.S. Citizen?			
SPRING	EVENING	Yes		Age:		
		No		a i da m40		
SUMMER	ER YEAR If not, are you a Permanent Resident? Yes		esident?			
		No				
		What is you	ur Alien Registration #	t:		
EDUCATION						
High School Diploma		Status (Current S	tatus at NYADI)			
GED		Drop				
ATB		Withdraw				
Dates of attendance at NYADI: From Through						
What was your major?						
How were your originally admitted to NYADI? NEW TRANSFER			ER			
		FEES				

There is a \$25 Re-Admittance Application fee due before the start of the Re-Admittance process that is non-refundable.

If approved for Re-Admittance and additional \$25 Re-Committee fee is required prior to seeing the Re-Entry committee. Also non-refundable.

I hareby certify that all the information on this application is accurate and complete. I realize that failure to file the appropriate application may affect my admission status. I understand that the information on this application will be treated confidentially and will be used for institutional purposes only.

STUDENT SIGNATURE

Please Sign:

Date:

For Representative use only

Rep's Initials:



RE-ADMITTANCE DEPARTMENTS CHECK LIST

The following endorsements are require for all students who are returning from drop status.

1. Bursar:		Did Not Paid Application Fee □ Balance Owed □ Total Balance \$
2. Financial Aid:		Poor Loan Status D FA Packaging Not Possible
3. Assessment:		Failed to Meet Attendance Policy
4. Student Services:		Disciplinary Issues/ Write ups □ Suspensions / Termination □
5. Registrar:		Failed to Meet Academic Standards □ Course Not Available □
6. Admissions:		
	For official commit	tee use only
Print Name:	Sign	Date:
Print Name:	Sign	Date:

Sign _____ Date: ____

Not Approved \Box

Print Name: _____

Approved



RE-ENTRY APPLICATION ESSAY

Name _____ Date _____

Please answer the following in complete paragraph form:

What was the reason you stopped attending school?

What have you done to correct the situation?

Why do you want to return to NYADI and how do you think this will affect your future?