

Application for Readmission



M#: _____

Name: _____
Last First M

Address: _____
Street City State Zip

Phone: _____ Email Address: _____

Former Name(s) _____ Date of Birth: _____

Application Status: Full Time / Part Time Re-Entry Date: _____ Fall / Spring / Summer
Check one Year Check one

Morrisville Campus / Norwich Campus
Check one

On Campus Housing Off Campus Housing
Check one

Previous Major _____ Requested Major _____

Date of last semester attended _____
Month and Year

Did you graduate from Morrisville State College? Yes No Date of Graduation _____

Did you withdraw from Morrisville for personal/financial reasons? Yes No

Since your departure /dismissal from Morrisville State College...

1. Have you been expelled and /or dismissed from any college for disciplinary reasons? Yes No

Were you enrolled in Morrisville's Education Opportunity (EOP) Program? Yes No

EOP Review _____ Approved _____ Denied

****For admissions use only:** A checkmark indicates a Dean's signature is required prior to readmission.

Signature of Dean _____ Date _____

Readmission Application Fee Payment Form

Once you have completed the readmission application please review, sign, and return this form with your \$25.00 (check, money order, or credit card information) readmission application fee to:

Admissions Office
Morrisville State College
P.O. Box 901
Morrisville, NY, 13408

Student Signature: _____ Date: _____

Promo Code- _____

Morrisville State College accepts MasterCard, Visa, and Discover for payment.

Please Circle One: MasterCard Visa Discover

Card#: _____ Exp. Date: _____

3 Digit Security Code: __ __ __

Amount to be charged: _____

Name of cardholder exactly as it appears on the card _____
(please print)

Signature of cardholder _____

****Your application will not be reviewed for an admissions decision until the fee has been paid****

FOR OFFICE USE ONLY:

FORM OF PAYMENT (CIRCLE ONE): CREDIT CARD / MONEY ORDER/CASH/CHECK

AMOUNT PAID: \$ _____

CHECK # _____

DATE RECEIVED: _____