



RETURN TO
Undergraduate Admissions
Jefferson Hall, Room 117
718-570-0391 • bibi.amin@qc.cuny.edu

Advanced Undergraduate Readmissions Form*

Please advance my Undergraduate Readmissions Application for: [] Spring [] Fall Year _____

CUNYfirst ID _____ Date of Birth _____

Name _____
Last (family name) First Middle

Address _____
Number and street Apt. # City State Zip code

Day Phone Number _____ Evening Phone Number _____

Email address _____

Since leaving Queens College, have you attended another college/university? [] Yes [] No

Note: If you attended another college or university since leaving Queens, and have obtained more than 12 credits, you cannot file this form; you must apply as a transfer student instead.

If yes, what was your status? [] Matriculated [] Non-Degree Student Dates attended _____

Name of Institution _____ # of Credits _____

You must sign this declaration:

I hereby certify that all the information on this application is accurate and complete. I realize that failure to file the 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.

Applicant's signature _____ Date _____

*No fee required