



# MarymountManhattan

a college of the liberal arts

## APPLICATION FOR RE-ADMISSION TO DEGREE STATUS

### INSTRUCTION SHEET

- ❑ Complete page one of the attached application as fully and accurately as possible. **DO NOT** fill out the second page of the application.
  
- ❑ Submit application at least two weeks prior to the start date of the semester/session for which you are seeking re-admission. Exact start dates for terms are listed in the most current course bulletin and online at [www.mmm.edu](http://www.mmm.edu).
  
- ❑ While re-admission does not guarantee the re-instatement of any MMC scholarships or grants, any such consideration will be based on the student's academic standing and the availability of funds at the time of re-admission.
  
- ❑ Non-degree students cannot be re-admitted, but instead, are advised to speak directly with the Admission Office to review their status in the college.
  
- ❑ All approved students will be notified by mail and will be required to make an appointment with the Office of Academic Advisement to review and plan their future course of study here at MMC.



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## Application for Re-Admission to Degree Status

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MI MAIDEN (if applicable)

ADDRESS \_\_\_\_\_  
NUMBER/STREET APT. #

CITY/TOWN STATE ZIP CODE

Name used while in attendance at MMC \_\_\_\_\_

TELEPHONE \_\_\_\_\_ (HOME)  Male  
\_\_\_\_\_ (CELLULAR)  Female  
\_\_\_\_\_ (BUSINESS)

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDATE: / /

### ADMISSION INFORMATION

I am applying for Re-Admission for:

- Fall Semester  January Session  Summer Session II 20\_\_\_\_\_  
 Spring Semester  Summer Session I

### PAST MMC HISTORY

What was the last semester of study you completed at MMC \_\_\_\_\_  Don't Remember

Please indicate your major \_\_\_\_\_

I expect to register as a  Part-Time  Full-Time student

What was your reason for leaving MMC? \_\_\_\_\_  
\_\_\_\_\_

### TRANSFER INFORMATION

To receive credit from other institutions of higher education, official transcripts from each school must be submitted to the MMC Office of the Registrar. What schools, if any, have you attended since you were last in attendance at MMC?

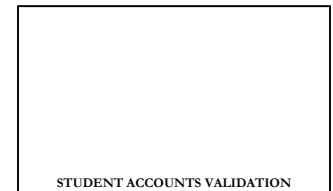
COLLEGE	DATES ATTENDED	NUMBER OF CREDITS COMPLETED

**\*NOTE:** The deadline for this application is two weeks before the start of the semester for which you wish to be re-admitted. Applicants who are approved for re-admission will be notified by mail of registration and advisement dates.

*I understand that I must complete requirements for graduation in effect at the time of my re-admission. I agree to comply with the regulations of Marymount Manhattan College and with the terms of re-admission to the institution. I certify that the information on this form is true and accurate to the best of my knowledge.*

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**THIS SIDE OF THE RE-ADMISSION APPLICATION IS FOR OFFICE USE ONLY.  
DO NOT COMPLETE THIS INFORMATION.**

DATES OF ATTENDANCE From \_\_\_\_\_ To \_\_\_\_\_

MMC CREDITS ATTEMPTED \_\_\_\_\_

MMC CREDITS COMPLETED \_\_\_\_\_

TRANSFER CREDITS \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_

LOCATION CODE \_\_\_\_\_

**DEGREE STATUS**

- Degree
- Non-Degree

Notification Sent \_\_\_\_\_  
DATE BY

**HOLDS**

- |   |   |   |   |
|---|---|---|---|
| { | <input type="checkbox"/> AR _____ Cleared | { | <input type="checkbox"/> AL _____ Cleared |
|   | <input type="checkbox"/> BC _____         |   | <input type="checkbox"/> IM _____ Cleared |
|   | <input type="checkbox"/> FA _____ Cleared |   | <input type="checkbox"/> AA _____         |
|   | <input type="checkbox"/> RG _____ Cleared |   | <input type="checkbox"/> PB _____         |
|   |   |   | <input type="checkbox"/> DM _____         |

Notification Sent \_\_\_\_\_  
DATE BY

**PENDING INTERVIEW**

\_\_\_\_\_  
SIGNATURE DATE  
Notification Sent \_\_\_\_\_  
DATE BY  
Appointment Made \_\_\_\_\_  
DATE BY

**INTERVIEW NOTES**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:  Deny  Approve Conditionally  
Conditions \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

**DENIED**

Reason \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE DATE

**APPROVED WITH CONDITIONS**

**APPROVED**

\_\_\_\_\_  
SIGNATURE DATE  
FA REC \_\_\_\_\_  
DRC \_\_\_\_\_

**Student Registered  
(Approved Applications)**

\_\_\_\_\_ DATE  
\_\_\_\_\_ TERM  
\_\_\_\_\_ # CREDITS

Date Checked \_\_\_\_\_  
DATE BY

**Post-Decision Actions**

Notification Sent \_\_\_\_\_  
DATE BY  
RA Hold Lifted \_\_\_\_\_  
DATE BY