



College of Staten Island/CUNY  
 Office of Recruitment and Admissions  
 2800 Victory Boulevard, Building (2A), Room 103  
 Staten Island, NY 10314  
 (718) 982-2019 (Tel.) / (718) 982-2500 (fax)

**APPLICATION FOR GRADUATE STUDIES READMISSION OR REACTIVATION**

**Reactivation**

Please check this option and complete this form if you were previously admitted to a graduate program at the College of Staten Island but never attended and you would like your application reprocessed for the same program. If you've attended the college as a graduate student, please check the next option. A new application is required if you wish to be considered for a different program.

**Readmission**

Please check this option and complete this form to request readmission to the same graduate program in which you were enrolled prior to interrupting your studies. You will be billed a \$10.00 readmission fee at the time of registration if your readmission is approved. To change to a different program, you must submit a new graduate admissions application with a new application fee of \$125.00 made payable to the College of Staten Island.

**Please provide the following:**

Indicate the semester for which you are reapplying: FALL / SPRING / SUMMER year: \_\_\_\_\_

Indicate the date you were last admitted to CSI: FALL / SPRING / SUMMER year: \_\_\_\_\_

**Graduate Studies Program:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

\_\_\_\_\_  
 Last Name First M.I. (prior last name used at CSI if different now)

\_\_\_\_\_  
 Number Street Apt.# Home Telephone Number

\_\_\_\_\_  
 City State Zip Code Work/Alternate Telephone Number

**E-mail address:** \_\_\_\_\_ @ \_\_\_\_\_

If you have attended another college since you were last admitted to CSI, complete the information below and ask the college(s) to forward a transcript to the Office of Recruitment and Admissions (the mailing address appears at the top of this form), Attn.: Graduate Admissions.

\_\_\_\_\_  
 Name of the College Dates of Attendance Number of Credits Earned

\_\_\_\_\_  
 Name of the College Dates of Attendance Number of Credits Earned

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do not write below this line**

APPROVED  DENIED \_\_\_\_\_  
 Program Coordinator Signature Date

COMMENTS: \_\_\_\_\_