

Readmission:

- **HAVE attended another college**
- **HAVE NOT attended another college**

Office of Admissions 0"QhEekcn"vtcpuetkrvu"htq o"cm

Office of the Registrar

The College will readmit you based on the requirements in effect at the time of your

Apply through the 2 I ĵ F H R I \$ G P L V V L R Q V if you *have* attended another college since you last enrolled at NCC. Apply through the W K if you *have not* attended any other college(s) since you last enrolled.

PLEASE WRITE LEGIBLY AND CLEARLY

Re-Admission Semester being Requested: Summer 20____ Fall 20____ Interim 20____ Spring 20____

Are you applying as degree seeking or non degree seeking?

NCC-ID or SSN _____ ± _____ ± _____ Date of Birth: ____/____/____ (MM/DD/YYYY)

(If you provide your United States of America Social Security Number (SSN), it is used to coordinate the collection of information for all your student records. Authority to collect the 661LUDQHSU6HFWLRRQW1HZRUN(8DWLRQZREUHSRZLOOEHRHQRJLD03OHDMSKOHFKFNWKRKHUIRUDFFKDF\

Name: Legal Last (Family) _____ Legal First _____ Middle _____

Preferred First Name _____ The College reserves the right to: a) deny a request for chosen name based on its unsuitable nature (i.e., the use of profane, obscene, hate-speech-derived, offensive or derogatory names), and b) remove any chosen name from College records without prior notice to the individual.

Previous Legal Name(s): _____

Permanent Address: (Po. Box cannot be used as perm. address) _____ Apt. # _____

City _____ State _____ Zip _____ If other than the U.S.A., specify COUNTRY _____

Mailing Address _____

How long have you resided in Nassau County " _____ Years How long have you resided in New York State? _____ Years

Cellular Number: (_____) _____ - _____ Home Number: (_____) _____ - _____

Personal email address: _____ %ONRMYTRMCKFRSS _____

Legal Sex: Male Female

Gender*: Male Female Non-Binary Other _____ d) Pronouns*: He/Him She/Her

PROOF OF GRADUATION

High School: _____ Graduation Date: _____

If your school is outside of New York, list the state or if outside of the U.S.A., list country _____

If you received a high school equivalency (HSE), formerly known as the GED, please include diploma date: ____/____/____ (MM/DD/YYYY)

COLLEGES/UNIVERSITIES ATTENDED: School name, city and state, (specify country if outside the U.S.A.)	Dates Attended From To		Date of Graduation MM/DD/YYYY	Degree Received

Declaration
