



**RE-ADMITTANCE APPLICATION FORM**

**1. Re-Admittance Information**

<b>Previous Campus</b>	<b>Intended Campus</b>	<b>Re-Admittance Term</b>	
<input type="checkbox"/> Nyack, NY	<input type="checkbox"/> Nyack, NY	<input type="checkbox"/> Fall, 20_____	<input type="checkbox"/> Summer, 20_____
<input type="checkbox"/> New York City	<input type="checkbox"/> New York City	<input type="checkbox"/> Spring, 20_____	
<input type="checkbox"/> Online	<input type="checkbox"/> Online		

**2. Degree Information**

Circle the degree that you were pursuing when you were last enrolled.

A.A. A.S. B.A. BMus. B.P.S. B.S. M.A. MPS. M.S. MDiv. DMin. in \_\_\_\_\_ (list major/track)  
 Audit Only Non-Matriculated Pre-Requisites

Are you re-enrolling in the same degree? Y or N If not, which degree/status do you intend to pursue? \_\_\_\_\_

**3. Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Preferred: \_\_\_\_\_  
 Maiden/Previous Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \*Date of Last Attendance at Nyack College/ATS: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

**4. Current Mailing Address Information**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: H W C ( \_\_\_\_\_ ) H W C ( \_\_\_\_\_ )  
 E-mail Address: \_\_\_\_\_

**5. Applicant's Signature Required**

In order to be considered for re-admission, you must have a zero balance, meet the minimum GPA requirements for your program, provide a reference, complete an interview, and must submit transcripts from schools attended since leaving Nyack College/ATS.

\*If absent from Nyack College/ATS for more than six years or changing to a program with different admissions requirements, you must go through the full admissions process for your intended program.

**Name of Any School Attended Since Leaving Nyack/ATS:**

School: \_\_\_\_\_ City/State: \_\_\_\_\_  
 School: \_\_\_\_\_ City/State: \_\_\_\_\_

**Name/Address of Personal or Pastoral Reference**

Name \_\_\_\_\_ Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Position/Role: \_\_\_\_\_

- Briefly explain why you withdrew from Nyack/ATS? \_\_\_\_\_
- What in your life has changed since you last attended Nyack/ATS? \_\_\_\_\_
- Have you ever been convicted or charged of a crime in the US of any other country? \_\_\_\_\_

**Please sign your name below if you understand and agree to these conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_