

# SUNY Brockport

## Undergraduate Application for Readmission Second Degree – WEBSITE VERSION

Previously enrolled undergraduates who wish to return to SUNY Brockport to complete a second baccalaureate degree should complete this application for readmission. Students who have only attended Brockport as non-matriculated students should apply for transfer admission using the SUNY application for admission. Please print or type all information clearly.

### Personal Information

1) Name: \_\_\_\_\_  
Last Name First Name Middle Name Maiden Name (if applicable)

If you have academic records under another name, please give your former name(s): \_\_\_\_\_

2) Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 3) Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mm dd yr

4) Permanent Address:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

5) Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

6) E-mail Address: \_\_\_\_\_

7) Are you a United States citizen? \_\_\_ Yes \_\_\_ No If no, visa type: \_\_\_\_\_

8) Has your NYS residency changed since you last attended SUNY Brockport? \_\_\_ Yes \_\_\_ No  
If yes, please explain. \_\_\_\_\_

### Academic Information

9) Semester and year applying for readmission: Fall \_\_\_\_\_ Spring \_\_\_\_\_

10) Intended academic major at SUNY Brockport: \_\_\_\_\_  
a) Specific concentration within major (if applicable): \_\_\_\_\_  
b) Do you plan to apply for a teacher certification program? If yes, please indicate which: \_\_\_\_\_  
*Please note the Early Childhood, Childhood, and Adolescent Education Certification Programs require a secondary application with specific admission requirements and deadlines. Students wishing to gain entrance to such programs will need to complete the secondary application in addition to gaining readmission to the College.*

11) What was your last date of attendance at SUNY College at Brockport? \_\_\_\_\_

12) Do you plan to enroll \_\_\_ Full-time (12 credits or more) or \_\_\_ Part-time (Up to 11 credits)

13) Are you interested in on-campus housing? \_\_\_ Yes \_\_\_ No

14) Did you attend other colleges/universities prior to attending SUNY Brockport? \_\_\_ Yes \_\_\_ No

**If yes, please list all colleges/universities attended and dates of attendance. If you have not attended Brockport within 5 years you should submit official transcripts from all schools attended. You may attach additional pages if necessary.**

Name of institution: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Credit hours completed: \_\_\_\_\_ Estimated GPA: \_\_\_\_\_

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15) Do you now hold (or will you hold prior to enrolling) an associates degree? \_\_\_ Yes \_\_\_ No  
If yes, from which college did you earn the associates degree? \_\_\_\_\_ When? \_\_\_\_\_

16) From which college did you earn your bachelors degree? \_\_\_\_\_ When? \_\_\_\_\_

17) Did you attend other colleges/universities since leaving SUNY Brockport? \_\_\_ Yes \_\_\_ No

**If yes, please list all educational institutions you've attended and dates of attendance. Official transcripts are required from each institution listed before an admissions decision will be made on your application. Failure to list all educational institutions attended since leaving SUNY Brockport may be grounds for dismissal from the College. You may attach additional pages if necessary.**

Name of institution: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Credit hours completed: \_\_\_\_\_ Estimated GPA: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Credit hours completed: \_\_\_\_\_ Estimated GPA: \_\_\_\_\_

18) Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

19) Have you been dismissed or suspended from SUNY Brockport or any other college/university for disciplinary reasons?  
\_\_\_ Yes \_\_\_ No

20) Were you academically dismissed from SUNY Brockport? \_\_\_ Yes \_\_\_ No

**If you answered yes to question # 18, #19 or #20, you are required to attach a letter of explanation and may be required to sign a release form allowing SUNY Brockport to obtain additional information. In as much detail as possible, let the Admissions Committee know the circumstances that led to the above noted situation, what factors have changed in your life and/or what factors are currently in place that will enable you to now be successful at SUNY Brockport.**

21) When do you plan on graduating from SUNY Brockport? \_\_\_\_\_

22) Do you plan to complete your remaining degree requirements at SUNY Brockport? \_\_\_ Yes \_\_\_ No

### General Information for Second Degree Applicants

- a) Students pursuing a second undergraduate degree must complete a minimum of 30 semester hours in addition to the hours required for the first degree. The College Residency Policy requires that a minimum of 30 credits be completed at SUNY Brockport. The residency requirement includes completion of at least 15 credits needed for a major and if pursuing a minor or certification program, then you must complete at least half of those credits required for the minor/certification program at Brockport also.
- b) Students must fulfill all prerequisites, corequisites, and major requirements for the second-degree program and complete general education, liberal arts, and upper division requirements in effect at the date of matriculation in the second-degree program. Transfer credit may be used to fulfill these requirements.
- c) All official college transcripts verifying completion of the baccalaureate degree must be on file in the Office of Undergraduate Admissions before approval into a program is granted.
- d) A 2.50 GPA is required for admission to the College. Admission to selected programs including business administration, criminal justice, nursing, physical education, social work and teacher certification programs is limited to applicants who have completed the prerequisite course work and meet the minimum GPA requirements established for admission to these particular programs.

Admission to SUNY Brockport is based on the qualifications of the applicant without regard to sex, race, age, color, creed, national origin or disability. I understand that this application cannot be processed if it has not been completed according to instructions and that any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

**Please return this application along with the \$40 non-refundable application fee to:**

Office of Undergraduate Admissions  
SUNY College at Brockport  
350 New Campus Drive  
Brockport, NY 14420-2915

**Please make payment payable to "SUNY Brockport"**

Revised June 2006