



Readmit Application

(Please print or type)

Name _____

Student ID # _____ Social Security # _____

Address: _____
Street City State/Zip

Is this a new address? (please circle) Y N

Home phone number () _____ Business phone number () _____

E-Mail Address: _____

Change of Name: If yes, what was your former name? _____

Semester and year for which you are seeking readmission: _____

Intended major _____

Previous major if not the same as above _____

If applicable, please indicate below any college you have attended since you left Long Island University. You must have an official transcript sent to Enrollment Services so credits may be applied to your record at Long Island University.

Name of Colleges:

_____ Dates of attendance: _____ Credits earned: _____

_____ Dates of attendance: _____ Credits earned: _____

I wish to return to Long Island University at Riverhead at this time (state reason):

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY: REQUIRED APPROVAL BEFORE READMISSION:

Bursar Clearance _____ Cumulative GPA _____ Blocks _____

Admissions Clearance _____ Program Director Clearance _____

Other: _____

Mail or Fax Completed form to:

Admissions

Long Island University

121 Speonk Riverhead Road LIU Bldg.

Riverhead, NY 11901

Fax: (631) 287-8253