LIU Post

APPLICATION FOR GRADUATE READMISSION 720 NORTHERN BOULEVARD • BROOKVILLE, NEW YORK 11548 PHONE (516) 299-2900 • FAX (516) 299-2137



Complete the following application and mail, fax, or submit it in person to the Office of Admissions. LIU Post, 720 Northern Boulevard, Brookville, N.Y. 11548-1300; Fax 516-299-2418

Name	<u> </u>		
Last	First	MI	
Semester you wish to reenter			
Student ID#	Social Security N	lo	
Other name your LIU record may be listed under	Last	First	MI
Mailing Address	City	State	ZIP
Check here if your address has changed sine	ce you last attended LIU Dat	e of Birth / /	Male Female
Email address			
Home Telephone Wo	rk Phone	Cell Phone	
I request that Admissions evaluate my credentials and	d readmit me as a student in the	e graduate program in:	
Program	for the (Semes	ter/Year)	
First semester/year attended:			
Please check campus attended: LIU Post			
Why did you withdraw from the LIU Post?			
List all schools you attended and degrees received af			or university since leaving
LIU Post must have official transcripts forwarded to the	ne Admissions Office)		
Have you ever been placed on disciplinary probation. Yes No	, been suspended or dismissed	for disciplinary reasons from another	her academic institution?
Have you ever been charged with, convicted of, or plead guilty or no contest to a felony?			
If you answered "yes" to any of the above questions, please attach an explanation. (Answering "yes" will not automatically prevent admission, but any falsification is grounds for denial or reversal of acceptance decision.)			
By signing this form, I understand that I am not auton approval of Department Chairperson or Graduate Fac certificate program, but will be taken into consideration	culty Advisor. Previous credits to	aken may not be automatically app	n. Official readmission requires blied to the current degree or
I certify that all information provided is accurate and acceptance if it is discovered that I have withheld or f	complete. I further understand talsified any information.	hat LIU Post reserves the right to	amend or rescind any
Signature		Date	
Chairperson or Faculty Advisor Approval: Name		Signature	

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