



Readmission Form for Graduate Students

Last Name (Current Name on SB Records)	First Name (Current Name on SB Records)	SBU I.D. No. - -
Home Phone number with area code () -	Daytime (work) phone with area code () -	Today's Date MM / DD / YYYY / /
ADDRESS INFORMATION		
PERMANENT HOME ADDRESS		
NUMBER AND STREET		
CITY		STATE
COUNTRY		ZIP CODE
Program: MA MBA MFA MM MS DA DMA PhD		
Readmitted Semester/Year: /	Readmitted From (circle one): LOA Unapproved Leave* Students not on an approved leave pay the readmission fee to the Bursar's Office AFTER their readmission has been processed and a registration block has been posted. The Bursar's Office will remove the block upon receipt of payment. Do not attempt to pay this fee before the readmission form is processed, as it will slow down the process.	
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge. Signature of Student _____ Date: _____		
The student listed above is being readmitted into the graduate program in: _____ in the department of _____. The student has accumulated a total of _____ graduate credits during previous attendance at Stony Brook with a cumulative grade point average of _____. Please Note: If the cumulative grade point average is below 3.0, a signed provisional letter of readmission must be attached outlining the conditions of readmission.		
Department Approval: _____ Graduate Program Director or Department Chair		Date: _____
Processed By: _____ Date: _____		