RE-ENTRY APPLICATION

This is an application to re-enter the university. Please do not file this form if you attended the university only as a non-matriculating student or as a graduate student. In those cases, you will need to file an undergraduate application.

PLEASE TYPE OR PRINT

Semester you expect to re-enter the University at Buffalo

☐ Spring 20 ________
☐ Fall 20 ________
☐ Summer 20 ________ (Summer is for nursing ABS & RN/BS programs, and only if pre-reqs are completed)

Social Security Number or UB person number ________________________________

Last name ________________________________ First name ________________________________ Middle name ________________________________

M F

Date of birth (MM/DD/YYYY) ________________________________ Sex ________________________________ Former name (if different from above) ________________________________

Are you a resident of New York State?  Y _____ N _____ If yes, how long? Years _____ Months_____

Country of citizenship ________________________________ Visa type, if citizenship other than U.S. ________________________________ Email address ________________________________

Mailing address: number and street ________________________________ City ________________________________ State/Province ________________________________ ZIP code ________________________________

(Complete for U.S. and Canadian mailing addresses only)

Daytime telephone number ________________________________ Intended UB major ________________________________

Dates of previous attendance: from ________________________________ to ________________________________

Semester/Year ________________________________ Semester/Year ________________________________

Have you earned (or will you earn) a bachelor’s degree before re-enrolling?  Yes _____ No ______

If yes, major listed above must be different than that of your first degree.

Did you earn a degree at the University at Buffalo?  Y_____ N______

Are you currently enrolled? Yes ______ No ______

Were you previously enrolled in EOP? Y______ N _____

If you have attended another college since your last matriculation at the university, please indicate the name(s) and dates of attendance below. An official transcript from each school must be received before an admission decision is rendered.

Name of college or university attended ________________________________

Month/Year to Month/Year ________________________________
Check here ☐ if you have been convicted of a felony since you last attended.

Check here ☐ if you have been dismissed from a college for disciplinary reasons since you last attended.

Check here ☐ if you have actively served in the military since you last attended the University at Buffalo. Please submit a copy of your DD214 to the Office of Admissions.

Previous advisor’s name ______________________________________________________

Were you previously dismissed from UB? Yes _____ No _____

Was your academic average at UB below 2.0? Yes _____ No _____

Was your overall average (including transfer work) below a 2.0? Yes _____ No _____

If you answered yes to any of the above questions, you must complete the following petition.

APPLICANT PETITION
Please write a short statement in a clear and concise manner explaining the reasons you feel you should be readmitted to the university. Include the reasons for your poor academics during your previous attendance, and a summary of your activities since attendance at the University at Buffalo. Include any pertinent information and/or extenuating circumstances that you feel will help in your petition for readmission. Please type or print legibly. Attach additional pages as necessary.
It is highly recommended that you discuss this petition and future goals and plans with your academic advisor, particularly if you plan to pursue a subsequent degree. Advisors are available at the following locations:

Student Advising Services
Educational Opportunity Program
College of Arts and Sciences Advisement

109 Norton Hall, North Campus: 645-6013
208 Norton Hall, North Campus: 645-3072
275 Park Hall, North Campus: 645-6883

APPLICANT SIGNATURE

I hereby certify that the information contained in this application is complete and correct to the best of my knowledge, and I understand that any falsification is grounds for immediate suspension or denial of admission.

________________________________________________________
Date Signature of applicant

Please mail or bring this application to the OFFICE OF ADMISSIONS, 12 CAPEN HALL, UNIVERSITY AT BUFFALO, BUFFALO, NY 14260-1660. Please note: If you have not attended UB within the last seven years, you may be required to submit a SUNY Application and supply us with another copy of your high school or college transcripts.

It is recommended that you file this application as early as possible. Although absolute deadline dates may vary from semester to semester, the following filing dates are suggested:

FALL SEMESTER — July 1
SPRING SEMESTER — Dec. 1

RECOMMENDATION TO COMMITTEE BY FACULTY MEMBER OR ADVISOR
(Only necessary if applicant petition is completed)

_________________________________ Suggested for consideration
_________________________________ Approval recommended
_________________________________ Approval not recommended

COMMENTS

_______________________________________________________________________________
Faculty member/advisor signature Title Date

The State University of New York at Buffalo complies with HEW regulations set forth in Title IX of the Higher Education Amendments of 1972. In accordance with federal and state laws, no person in whatever relationship with the State University of New York at Buffalo shall be subject to discrimination on the basis of age, religion or creed, color, disability, national origin, race, ethnicity, sex, or marital or veteran status. Additionally, New York former Governor Mario Cuomo’s Executive Order 28 and the University Board of Trustees policy prohibit discrimination on the basis of sexual orientation.