



**Office of Admissions**  
**APPLICATION FOR RE-ADMISSION**  
**Instructions**

(Applicants are advised to thoroughly read all instructions before completing this application)

**WHO SHOULD FILE THIS APPLICATION?**

Applicants who have registered for courses at Medgar Evers College (MEC) in a previous semester and have not been in attendance for one or more semesters thereafter need to file for re-admission to register for classes in a forthcoming semester.

**WHAT ARE THE REQUIREMENTS FOR RE-ADMISSION?**

1. Applicant must have no outstanding "stops" on their academic records.
2. Applicant must be in good academic standing by maintaining at least a 2.0 cumulative GPA or above while in attendance at MEC or any other CUNY institution(s).
3. Applicants with a cumulative GPA less than 2.0 must file for a petition for reinstatement.

Email [ARAC@mec.cuny.edu](mailto:ARAC@mec.cuny.edu)

**WHAT ARE THE PROCEDURES FOR FILING FOR RE-ADMISSION?**

1. Applicant must complete a MEC Re-Admission application and submit it to the Office of Admissions.
2. Applicant must submit a non-refundable application processing fee of \$20.00. This fee is to be paid at the Bursar Office, located at 1637 Bedford Avenue, 3rd. Floor, Brooklyn, NY 11225. Personal checks are NOT accepted. A copy of your payment receipt must be attached to this application.
3. Applicants who have attended another college since their last attendance date at MEC must have their official transcripts sent directly to Admissions Medgar Evers College, 1637 Bedford Avenue, Brooklyn, NY 11225 or submit it with the application in a sealed envelope.
4. Completed applications are to be submitted to the Office of Admissions, Medgar Evers College, 1637 Bedford Avenue, Brooklyn, NY 11225.
5. Student who have not been in attendance for two (2) or more semesters may be required to prove New York State residency.

**COMMENTS** *(For Official Use)*

**Medgar Evers College does not discriminate based on age, color, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and or citizenship status.**



### APPLICATION FOR RE-ADMISSION

<i>Summer session I</i>	<i>Start Date : 02-03-2025</i>	<i>End date:</i>	<i>05-28/2025</i>
<i>Summer session ii</i>	<i>Start Date: 06-09-2025</i>	<i>End Date:</i>	<i>07-10-2025</i>
<i>Fall</i>	<i>Start Date 02-03-2025</i>	<i>End Date</i>	<i>08-22-2025</i>

Re-Admit: Degree Student or  Re-Admit: Filing for Graduation only  
(Major Not Required)

**Intended Major and Degree:** \_\_\_\_\_

**Desired Start Date:**  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Any Prior Name(s): \_\_\_\_\_ Suffix (Jr., Sr.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male:  Non-binary:  CUNY EMPLID: \_\_\_\_\_  
mm/dd/yyyy

If you do not have a Social Security Number check this box:

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of time at above address:  Months  Years | Length of time in New York State:  Months  Years

**Citizenship Status:**

Are you a  U. S. Citizen  Permanent Resident  Student Visa  Other

**Note:** All students on F-1 Visa must see the International Student Advisor.

Are you a Veteran of the United States Armed Services?  Yes  No **Note:** All veterans must provide their DD214.

**Ethnicity:** Indicate your race by selecting one or more options:

American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic/Latino  Native Hawaiian or Other Pacific Islander  White

Please list your High School/GED and all post-secondary institutions you have attended. (Include College Now)

College/High School/GED Center	Dates of Attendance MM/YY to MM/YY	Credits/Degree Awarded or Type of Diploma	Location City/State

I hereby certify that all information given on this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purpose only. I realize that failure to provide complete and accurate information may affect my readmission. I understand that my application will not be processed until all the necessary documents are received by the Office of Admissions. **PLEASE CHECK YOUR EMAIL FOR ALL COMMUNICATION CONCERNING YOUR APPLICATION.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_