



Reentry Appeal Form

Please print.

Requesting Reentry for: ☐ Fall ☐ Spring Year _____

Name _____
Last (family name) First Middle (Any prior last name)

Address _____
Number and Street Apt. # Town or City State Zip Code

Student ID No. _____ Date of Birth _____
Month Day Year

Home Telephone No. _____ Work Telephone No. _____
Area Code Area Code

Email address _____

Are you currently employed? ☐ yes ☐ no

Since leaving Queens College, have you attended another college/university? ☐ yes ☐ no (official copy of transcript required.)

If yes, name of institution(s) _____ Dates _____

1. What is your intended major: _____

2. Reason(s) for past academic difficulties: (Please be specific and submit supporting documentation.)

3. Reason(s) you anticipate improved performance if reentered:

4. Activities since you last attended which make a positive statement about your current academic motivation (work at other schools, completion of open grades, job success, etc.)

I hereby certify that all the above information is accurate and complete. I understand that the information in this appeal will be kept confidential and will be used for Committee purposes only.

Applicant's Signature _____ Date _____