



# MarymountManhattan

## APPLICATION FOR RE-ADMISSION TO DEGREE STATUS

### INFORMATION SHEET

1. If you have not attended the college for one or more semesters, and are not currently on maintenance of matriculation, you must complete the attached re-admission form in order to regain degree status. Please complete only page one.
2. All completed applications should be submitted to the Office of Student Success Advising via **advisement@mmm.edu** at least two weeks prior to the start date of the semester/session for which you are seeking re-admission.
3. To be considered for re-admission to the college, a student must clear all financial holds and should have left the college in good academic standing, as defined by a cumulative GPA of 2.0 or better.
4. Re-admission does not guarantee the re-instatement of any MMC scholarships or grants. However, any such consideration will be based on the student's prior academic standing and the availability of funds at the time of re-admission.
5. Students who have been in HEOP or special programs may be required to re-interview for such programs prior to re-admission.
6. Students who had previously majored in Theatre or Dance must notify those departments of their desire to return, and may be subject to re-audition.
7. All approved students will be notified by email and/or telephone and will be required to make an appointment with the Office of Student Success Advising to review and plan their future course of study in the college.
8. Students who have taken college credits at other institutions while being away from MMC must submit all such transcripts for evaluation prior to being approved for re-admission.
9. Unless otherwise exempted, all re-admitted students will be required to satisfy their degree requirements under the catalog that is in place upon their return, and as such may be subject to new major or general education requirements.
10. Non-degree students may not be re-admitted, and therefore should not complete this form. Instead, such students must contact the Admission Office for possible reinstatement of their non-degree status.



# MarymountManhattan

## Application for Re-Admission to Degree Status

### Personal Information

NAME \_\_\_\_\_  
LAST FIRST MI MAIDEN (if applicable)

ADDRESS \_\_\_\_\_  
NUMBER/STREET APT. #

CITY/TOWN STATE ZIP CODE

Name used while in attendance at MMC (if different): \_\_\_\_\_

TELEPHONE \_\_\_\_\_ (HOME) BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ (CELLULAR)  
\_\_\_\_\_ (BUSINESS)

EMAIL ADDRESS \_\_\_\_\_

### Admission Information

I am applying for Re-Admission for:

Fall Semester  Spring Semester  January Session  Summer Session I  Summer Session II 20 \_\_\_\_\_

### Academic Information

What was the last semester of study you completed at MMC? \_\_\_\_\_  Don't Remember

Were you a part of HEOP or any other special programs in the college? HEOP  Yes  No  Other \_\_\_\_\_

What was your previous major at MMC? \_\_\_\_\_

What major(s) do you intent to pursue upon your return? \_\_\_\_\_

List any minors you intend to declare: \_\_\_\_\_

Do you plan to register for full-time study?  Yes  No

What was your reason for leaving MMC? \_\_\_\_\_

### Transfer Information

*If you attended other institutions of higher education while away from MMC, please complete below. Please note that all official transcripts from such institutions must be submitted as a condition for re-admission consideration. All transcripts should be sent to the Center for Student Services, Marymount Manhattan College, 221 E 7th Street, NY 10021.*

COLLEGE

DATES ATTENDED

NUMBER OF CREDITS COMPLETED

**NOTE:** The deadline for this application is two weeks before the start of the semester for which you wish to be re-admitted. Applicants who are approved for re-admission will be notified by mail of registration and advisement dates.

*I understand that, if approved for re-admission, I must complete my graduation requirements under the current catalog. I agree to comply with the regulations of Marymount Manhattan College and with the terms of re-admission to the institution. I certify that the information on this form is true and accurate to the best of my knowledge.*

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**RE-ADMISSION APPLICATION  
FOR OFFICE USE ONLY. DO NOT COMPLETE THIS INFORMATION.**

STUDENT NAME \_\_\_\_\_  
STUDENT ID # \_\_\_\_\_  
DATES OF ATTENDANCE From \_\_\_\_\_ To \_\_\_\_\_  
MMC CREDITS ATTEMPTED \_\_\_\_\_ MMC CREDITS COMPLETED \_\_\_\_\_ TRANSFER CREDITS \_\_\_\_\_  
CUMULATIVE GPA \_\_\_\_\_ TOTAL EARNED CREDITS \_\_\_\_\_  
LOCATION CODE \_\_\_\_\_  
FILE RETRIEVED/SLATE   
FINANCIAL CLEARANCE   
HOLD/RESTRICTION: Hold: (specify) \_\_\_\_\_ Hold Cleared by: \_\_\_\_\_  
Hold: (specify) \_\_\_\_\_ Hold Cleared by: \_\_\_\_\_  
Hold: (specify) \_\_\_\_\_ Hold Cleared by: \_\_\_\_\_

INTERVIEW REQUIRED \_\_\_\_\_  
DIRECTOR OF STUDENT SUCCESS ADVISING DATE

**INTERVIEW NOTES**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

READMISSION DENIED

Reason for Denial \_\_\_\_\_  
\_\_\_\_\_  
DIRECTOR OF STUDENT SUCCESS ADVISING DATE

RE-ADMISSION APPROVED (WITHOUT CONDITIONS)

\_\_\_\_\_  
DIRECTOR OF STUDENT SUCCESS ADVISING DATE

RE-ADMISSION APPROVED WITH THE FOLLOWING CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DIRECTOR OF STUDENT SUCCESS ADVISING DATE