

REQUEST FOR READMISSION AS A MATRICULATED STUDENT

- **Who Should Complete this Form:** Students who registered and attended class at BCC as a degree seeking (matriculated) student in the past but have not registered or attended in 3 or more years.
- **Who Should Not Complete this Form:** Students who were placed on Academic Suspension or Academic Dismissal. These students should request an Application for Reinstatement from the Counseling Center, room A-118, telephone number (201) 447-7211.

I. Personal Information

Name: _____ College ID or
Social Security # _____
Last Name First Name

Did you attend Bergen under another last name? If so, please print the name: _____

Address: _____
Street City State Zip Code email address

_____ Check here if our records should be changed _____ Proof of residency

Home Phone: _____ Business Phone: _____

Currently attending Bergen Community College _____ Yes _____ No

II. Program of Study

Original semester and year accepted into a Degree or Certificate program, and program of study, if known:

Semester _____ Year _____ Program of Study _____

Readmission requested for:

Semester _____ Year _____ Program of Study _____

* If you are applying for a Health Career curriculum, please complete this form and submit it to the Admissions Office, then make an appointment with a Counselor in the Counseling Center 201-447-7211, regarding Change of Curriculum. If you last attended Bergen before 1995, it will be helpful to bring to the appointment another copy of your high school or college transcript that shows completion of Algebra.

* If you are unsure of your new program of study, please complete as much of this form as possible and submit it to the Admissions Office, then make an appointment with a Counselor in the Counseling Center regarding Change of Curriculum. Please call the Counseling Center (201) 447-7211, to make an appointment.

Student's Signature Date