

**The Graduate School
Stony Brook University
Stony Brook, NY 11794-4433**

**Readmission Form
For Graduate Students**

Last Name (Current Name on SB Records)	First Name (Current Name on SB Records)	I.D. No.
Home Phone number with area code () -	Daytime (work) phone with area code () -	Today's Date MM / DD / YYYY / /
ADDRESS INFORMATION		
PERMANENT HOME ADDRESS		
NUMBER AND STREET		
CITY	STATE	
COUNTRY	ZIP CODE	
LOCAL OR CURRENT ADDRESS		
NUMBER AND STREET		
CITY	STATE	
COUNTRY	ZIP CODE	
PROGRAM		
<input type="checkbox"/> M.A. <input type="checkbox"/> M.M. <input type="checkbox"/> M.S. <input type="checkbox"/> M.F.A. <input type="checkbox"/> Ph.D. <input type="checkbox"/> D.M.A. <input type="checkbox"/> D.A.		
Readmitted Semester/Year: /	Readmitted From: <input type="checkbox"/> LOA <input type="checkbox"/> Unapproved Leave (Copy of Paid Readmission Fee Must be Attached)	
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge.		
Signature of Student _____ Date: _____		
The student listed above is being readmitted into the graduate program in: _____ in the department of _____. The student has accumulated a total of _____ graduate credits during previous attendance at Stony Brook with a cumulative grade point average of _____. (If the cumulative grade point average is below 3.0, a signed provisional letter of readmission must be attached outlining the conditions of readmission.)		
Department Approval: _____ Date: _____ <div style="text-align: center;">Graduate Program Director or Chair</div>		
Complete this form and submit to: The Graduate School, 2401 Computer Science Building, Stony Brook University, Stony Brook, NY 11794-4433		
Stamp Date Received	Processed By:	