



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

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

Spring: Start Date: 09/15/2026 - End Date: 01/25/2027

☐ 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: _____