

Return this form to: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866
Or send via email to: advising@skidmore.edu

Last Name	First Name	Class Year	Skidmore ID# (If known)
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Current Address	Phone Number	Email
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I wish to be readmitted for the	Fall 20__ semester	Spring 20__ semester
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I plan to return as a:

Full-time resident student	Part-time student	Finishing in absentia (away from Skidmore with an approved plan from the Registrar's Office)
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Previous attendance at Skidmore: _____ to _____

If accepted for readmission, I plan to major in _____

Have you been dismissed and/or suspended from a school for disciplinary reasons or conduct charges? yes no

If yes, please explain: _____

Colleges other than Skidmore where you have taken classes:

College/University	Semester/years attended	# of credits earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide an unofficial transcript with this application. An official transcript will need to be submitted directly to the Registrar's Office to have the transfer credits applied to your Skidmore degree.

Letters of recommendation: List name, title, and college/organization

1. _____
2. _____

* If you were academically disqualified from Skidmore, at least one letter must be from a recent college instructor.

I certify that all information supplied on this application is true to the best of my knowledge. I understand that any deliberate falsification or omission of information may result in the denial of readmission to Skidmore College.

Signature of Applicant	Date
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