La	Guardia Comm	unity Colleg	ge - Office of	the Registrar
LaGuardia Community College		n & Reinsta nester and indicate ye Spring	ar) Year:	lication \$20.00 Application Processing fee
Note: The City University of New physical or mental disability, sexua	York does not discrimin l orientation, marital sta	ate on the basis of atus, citizenship sta	race, religion, sex, ag us, or veteran status.	e, creed, color, national origin,
<u>STEP 1:</u> PLEASE PRINT C	LEARLY			
				CUNYfirst EMPL ID#
Last Name	First	Name N	Aiddle Initial Name	while in Attendance (if different)
Date of Birth:				
Current Mailing Address:	Street	Apt №	City	State Zip Code
Phone №	E-	mail address:		
	IM	IPORTANT		
 If you wish to change your Name, DOB, Social Security Number or Address, attach a <u>Personal Data</u> <u>Change</u> form to this application. If you wish to change your major, attach a <u>Change of Major</u> form to this application. All readmitted students are required to re-file the <u>New York State Residency</u> application. <u>STEP 1:</u> Contact the Bursar's Office at bursar@lagcc.cuny.edu to speak with a Bursar Specialist regarding any				
tuition or fees you may incur <u>STEP 2:</u> Contact Student Ad your academic record and pla	lvising Services throu			
<u>STEP 3</u> : Contact Student Financial Services at financialaid@lagcc.cuny.edu to speak with a Financial Aid Specialist regarding your financial eligibility or if you have questions about your financial aid status.				
STEP 4: Return this completed form along with any required documents to the Registrar's Office at Readmission@lagcc.cuny.edu .				
I am aware that I am responsible for paying my tuition and fees. I understand that my residency status will be set to out of state unless the New York State Residency application and the proper documentation are submitted.				
Select the option below that	applies to you:			
Readmission. I have not re	egistered for classes of	r received grades	for at least two sem	nesters.
Reinstatement. I was placed on academic suspension when I last attended LaGuardia.				
I hereby certify that: I read,	fully understand and	accept the above	statements.	
Student's Signature:			Date:	
Registrar's Office use only	Readmi	ssion & Reinstatemer	t Status Session	n: I II Added Registration
Academic Standing Status:	Accepted		FP: Acad. Appeal:	Appt.
Good PRB1 PRB4 DCH/SU3	SP — —			> 50 credits
	5			Date:
Reinstatement Committee Signature	— Processed	<i></i>		
White – Registrar's Office				Yellow copy – Student

RO-005/Revised: TL-01/10/2022

