

Application for Graduate Resumption of Study

The College of Saint Rose
Registrar's Office
Saint Joseph Hall
518-458-5464

Instructions:

- Submit this form along with a new Statement of Purpose indicating your plans for completing your degree or certificate, and an official transcript, to your Graduate Coordinator and Academic Dean.
- Consult your Graduate Coordinator to determine if new letters of recommendation or additional information — such as art portfolios, writing samples, test scores or personal interview — are required.
- Sign the form and obtain signatures from Graduate Coordinator and Academic Dean.
- Return the signed form to the Registrar's Office for processing.

Applicant Information

Full Name: _____

First

Middle

Last

Address: _____

Street Address

City

State

Zip Code

Phone numbers: _____

Home

Business

Cell

Student ID or (optional) Social Security Number: _____

Date of Birth: _____

Program Information

Program of Study: _____

Semester of last attendance: _____

Previous Advisor: _____

Semester you are seeking to rejoin your program (semester, year): _____

Previous College and University Information

Name of Institution

Dates Attended

Degree Received/Date

Signatures

I certify that my answers are true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Graduate Coordinator Signature: _____ Date: _____

Name of new advisor: _____

Academic Dean Signature: _____ Date: _____