

USE THIS FORM <u>ONLY</u> IF YOU HAVE GRADUATED, WITHDRAWN, OR LEFT SUNY DELHI AND WISH TO RETURN. THIS FORM IS <u>NOT</u> FOR USE BY ACADEMICALLY DISMISSED STUDENTS.

NAME:			
(Last)	(First)	(Middle)	(Former)
ADDRESS:			
(Street)			
(City)	(Sta	ate) (Zip)	
TELEPHONE NUMBER:			
SOCIAL SECURITY NUM	MBER:		
EMAIL ADDRESS:			
APPLYING FOR: PRO	OGRAM		
SEM	MESTER	I IVE ID	
	(SPRING or FAI	LL and YEAR)	
SEMESTER YOU FIRST	ATTENDED DELHI:	PROGRAM	Λ
SEMESTER YOU LAST A	ATTENDED DELHI:	PROGRAM	Л
DID YOU GRADUATE?	WITHDRAW?	TAKE A LEAVE OF A	BSENCE?
Have you been convicted of	of a felony? '""""[gu'""""""	"""P q	
Have you been dismissed a	and/or suspended from a co	llege for disciplinary reasons	s?'""""""Pq
REASON FOR LEAVING	G:		
REASON FOR RETURN	NNG: (Please be very spe	eific)	
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PLEASE FORWARD OFFICIAL COLLEGE TRANSCRIPTS FOR ALL CREDIT-BEARING COURSES TAKEN SINCE YOU LAST ATTENDED DELHI.

RETURN COMPLETED PETITION TO: Enrollment Services Office

SUNY Delhi 454 Delhi Drive

Delhi, New York 13753