

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax (646) 313-8302 | Registrar@slu.cuny.edu

Request for Readmission

1. HAVE YOU PREVIOUS	LY ATTENDED THE CUI	NY SCHOOL OF LABOR AND UR	RBAN STUDIES?
□NO. You must co	mplete an Application for	Admission available at http://www2	2.cuny.edu/admissions/
□YES. Please indic	cate the dates you previou	usly attended:	
FROM:	To		
2. INDICATE WHICH SEN	IESTER AND YEAR YOU	J WOULD LIKE TO READMIT:	
EMPLID	GRAD UGF	RD PROG	
LAST NAME:		FIRST NAME:	
ADDRESS:			
CITY:	STATE:	Zip Code:	
PHONE: (Home)		(Cell)	
EMAIL:			
3. HAVE YOU ATTENDED	ANY OTHER SCHOOLS	S SINCE YOU WERE LAST HERE	: ?
\square NO	☐YES. Please provide the following information:		
School Name:			
Dates of Attendance	ə:		
		strar@slu.cuny.edu, or mail to 25 Imission fee will be charged to y	
	FOR OFFIC	CE USE ONLY	
Processed by:		Date:	

Approved

Denied