

Buffalo State

State University of New York

Readmit Supplemental Data Form

Thank you for your interest in SUNY Buffalo State. Please complete all sections of this form and return it within two weeks. This supplemental application will provide additional information about your areas of interest, activities and academic major. Please be sure to have your college transcript(s) from **all schools attended since leaving Buffalo State** sent directly to the Office of Admissions.

Name _____

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____

Telephone Number _____

E-mail Address _____

Check here if the above address is different from address on the Readmit application.

1.) Did you experience any time period(s) during which you were not continuously enrolled in high school or college (excluding summers)? Yes No If yes describe below and indicate when

2.) Please list your work experiences (including part-time, summer and volunteer experience). Indicate dates and average hours per week.

Employment/Experience	Dates	Avg. Hours/week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.) Please provide the information requested below for all post-secondary institutions you have attended whether or not you received credit. Please list them in chronological order, most recent first. Attach a separate sheet, if necessary.

College Name	Location	Dates of Attendance	Total Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.) List any college coursework you will be completing during the semester immediately preceding your expected enrollment at a SUNY institution.

Semester/Year	Course Title	Credit Hours	College Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.) Personal Statement:

On Page 3, please write a personal statement about your reasons for wanting to return to Buffalo State. Include any significant career or educational experiences you have had since leaving, as well as any special circumstances or personal experiences that you would like us to consider because they have affected your academic achievement.

I hereby certify that the information given by me on this application is complete and accurate. I understand that any misrepresentation may be cause for denial of admission or permission to register at any time.

Signature of Applicant _____

Date _____

Prior to returning this form to the campus, we recommend you make a copy for your files.

Please return this form within two weeks to:
 Admissions Office
 Buffalo State
 Moot Hall 110
 1300 Elmwood Avenue
 Buffalo, NY 14222-1095

