Readmission Application

PLEASE PRINT

Office of Student Success
Tel: 607-431-4321, Fax: 607-431-4412
New Student Hotline: 607-431-4639

Complete and return this form to:
Office of Student Success, 4th Floor, Dewar Union,
Hartwick College, Oneonta, NY 13820

Name: Last First Middle Initial

Permanent Address Street City State Zip

Phone E-Mail

Billing Address (if different from above) City State Zip

Major Social Security Number

Indicate the term and year you plan to re-enter Hartwick

Why did you leave Hartwick College?

Person to contact in case of emergency

Name: Last First Middle Initial Phone

Permanent Address Street City State Zip

Other colleges/universities attended

Name of college/university City State Dates attended

Name of college/university City State Dates attended

Name of college/university City State Dates attended

Briefly but thoroughly describe activities in which you have been engaged during your time away from Hartwick that you believe will contribute positively to achieving your academic goals.

My signature below indicates that the above information is complete, factually correct, and honestly presented. I understand that although I may submit this application at any time, the review process cannot begin until the application fee and official transcripts have been received by the Office of the Registrar.

Signature Date