# C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

C.W. POST CAMPUS

LONG ISLAND UNIVERSITY

## APPLICATION FOR UNDERGRADUATE READMISSION

720 NORTHERN BOULEVARD • BROOKVILLE, NEW YORK 11548
PHONE (516) 299-2900 • FAX (516) 299-2137

*Complete the following application and mail, fax, or submit it in person to the Office of Admissions.*

Student ID# ☐☐☐-☐☐-☐☐☐☐ Semester you wish to re-enter ____________________
or
Social Security No. ☐☐☐-☐☐-☐☐☐☐

Name (Mr) (Ms) ____________________________________________ Date of Birth ____/____/____

Other name your LIU record may be listed under ____________________________________________

Address ________________________________________________________________
Street Apt.# City State Zip

☐ Check here if your address has changed since you last attended C.W. Post.

Home Telephone ______________________________ Cell Phone ______________________________

E-mail address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First term attended ______________________________ Last term attended ______________________________

Indicate your intended major ______________________ Indicate previous major ______________________

Why did you withdraw from the University? ____________________________________________

List all schools you attended after leaving C.W. Post *(Please have official transcripts forwarded to the Admissions Office)*

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Have you ever been suspended or dismissed for academic reasons from another academic institution? Yes_______ No_______

Have you ever been placed on **disciplinary** probation, been suspended or dismissed for **disciplinary** reasons from another academic institution? Yes______ No______

Have you ever been charged with, convicted of or plead guilty or no contest to a felony? Yes______ No______

If you answered yes to any of the above questions, please attach an explanation. (Answering “yes” will not automatically prevent admission, but any falsification is grounds for denial or reversal of acceptance decision.)

I certify that all information provided is accurate and complete. I further understand that C.W. Post reserves the right to amend or rescind any acceptance if it is discovered that I have withheld or falsified any information.

Signature ______________________________________ Date ______________________________

*Long Island University does not discriminate on the basis of sex, handicap, race, national origin, religion or political belief in any of its educational programs and activities, including employment practices and its policies relating to recruitment and admission of students.*

**DO NOT WRITE BELOW THIS LINE**

| | |
|---|---|
| CWP Credits/GPA | Holds |
| Dec/Date: | Counselor: |
| f/a | |