

**Southampton College of LIU
Reinstatement Application**

(Please print or type)

Name _____ Social Security # _____

Address: _____

Street _____ City _____ State/Zip _____
Home phone number () _____ Business phone number () _____

Is this a new address?

E-Mail Address: _____

Change of Name: If yes, what was your former name? _____

Semester and year for which you are seeking readmission: _____

Intended major _____

Previous major if not the same as above _____

If applicable, please indicate below any college you have attended since you left Southampton College. You must have an official transcript sent to Enrollment Services so credits may be applied to your record at Southampton.

Name of Colleges: _____	Dates of attendance: _____	Credits earned: _____
_____	Dates of attendance: _____	Credits earned: _____

I wish to return to Southampton College at this time because: _____

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY: REQUIRED APPROVAL BEFORE READMISSION:
Bursar Clearance _____ Cumulative GPA _____ Major GPA _____ Blocks _____
Associate Dean of Students Clearance _____
For students on probation:
Director of Advising _____

This form should be returned to:

**Southampton College at C.W. Post
720 Northern Blvd.
Brookville, NY 11548**

Students who have twelve or more transfer credits must contact the Office of Transition Services at (516) 299-3552. If you have questions about Reinstatement, please call (516) 299-3552 or email shcwp@liu.edu .