

SKIDMORE COLLEGE
Office of Academic Advising
815 North Broadway
Saratoga Spring, NY 12866
PHONE: (518) 580-5720 FAX: (518) 580-5749

APPLYING FOR READMISSION:

The Skidmore Committee on Academic Standing reviews all applications for readmission to the College, taking into consideration the applicant's academic record up to the point of leaving Skidmore, any college work completed since leaving Skidmore, and references submitted on the applicant's behalf. Completed applications are reviewed when student space availability becomes known for the semester for which readmission is requested. **The Committee cannot consider an application unless all of the applicant's Skidmore financial obligations have been paid in full.**

A completed application consists of the following materials, which must be sent to the Committee on Academic Standing, c/o the Office of Academic Advising, at the above address. Please direct any questions to the Office of Academic Advising at (518) 580-5720.

- Application for Readmission, with \$20.00 application fee. Please make check payable to Skidmore College. (Cash not accepted)
- Official transcript(s) for any college work completed since leaving Skidmore.
- Three references, including at least one from a Skidmore instructor, if possible. (Other references should be from more recent college instructors or employers.)
- Dean's Certification form(s) from all college's attended, including Skidmore. The student's record of academic and/or social integrity will factor into the Committee's decision.
- A statement with the application explaining your reasons for wishing to return to Skidmore at this time, and including any information you would like the Committee to take into consideration. Please note on the next page additional information pertaining to students who withdrew while on a medical leave or were academically disqualified.

PLEASE NOTE: If you will be seeking financial aid to attend Skidmore, you must contact the Financial Aid Office at (518) 580-5750 or finaid@skidmore.edu as soon as possible for information on applying for aid.

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Name _____ Formerly Class of _____

Current Address: _____
street telephone: home
_____ city state zip telephone: cell

1. I wish to be readmitted for the Fall Term, 20__ Spring Term, 20__
- 2a. I plan to return to campus as a
 Full time resident student Full time commuter student
 Part time commuter student

OR

- b. I plan to complete my degree requirements off-campus
(Please explain in accompanying letter)

3. Previous attendance at Skidmore:
_____ to _____
Month/Year Month/Year

4. Reason for leaving Skidmore:
 transfer to another college financial reasons
 personal reasons academic disqualification
 medical reasons* left for disciplinary reasons
from Skidmore**

5. If accepted for readmission, I plan to major in: _____

6. My former faculty advisor was: _____

I plan to change advisors upon return to Skidmore: Yes No

7. My current career goal is _____

*If you withdrew from the college while on a medical leave, please submit the "Return from Medical Leave Application" (available at <http://www.skidmore.edu/advising/forms.php>) along with this application for readmission.

**If you have been academically disqualified, please address the following in your statement: the circumstances that led to your disqualification, what you have done to address these issues, and a plan for academic success if readmitted. Two semesters of full-time study with grades of B or higher in each course is a pre-requisite for readmission in cases of academic disqualification. In addition, you will be required to submit evaluations from each of your instructors. (Please see "Recommendation for Readmission" form.) If readmitted, please note that you will be returning on academic waiver.

8. Since leaving Skidmore I have attended the following schools and/or have held the following positions of employment (please list in order, most recent first):

<u>College/Company</u>	<u>Dates</u>	<u>Part Time or Full Time Position (if employed)</u>
1. _____	_____	_____ 2.
_____	_____	_____
3. _____	_____	_____

9. References:

Please list below the names of the three references who will write in support of your application for readmission. If possible, at least one of these should be a Skidmore instructor.

1. _____
2. _____
3. _____

SIGNATURE OF APPLICANT

DATE

PLEASE BE SURE TO ENCLOSE YOUR \$20.00 APPLICATION FEE

FOR OFFICE USE ONLY

APPLICATION FEE RECEIVED: Yes Check number _____

FINANCIAL SERVICES CLEARANCE:

Account clear _____ Amount owed _____

Checked by _____ Date _____

COMMITTEE ON ACADEMIC STANDING:

Approved Denied Date: _____

CAS Official: _____

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RECOMMENDATION FOR READMISSION

TO BE COMPLETED BY THE APPLICANT:

Name: _____ Date: _____

Address: _____

Signature: _____

TO THE REFEREE:

The above student is an applicant for readmission to Skidmore College. It would be most helpful in considering this application if you would use the format below to evaluate the student's performance in your class. All information will be kept confidential. We would appreciate your returning this form to us at the above address as soon as possible. Thank you for your help.

Name of Course: _____

Grade in Course: _____

1. Preparation of assignments and timeliness in meeting deadlines:

2. Participation:

3. Tests & Quizzes:

4. Attendance:

5. Other Comments:

Name: _____ Position or title: _____
(Please print or type)

Company or school: _____ Address: _____

Signature: _____ Date: _____

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Dean's Certification Form

TO BE COMPLETED BY THE APPLICANT:

_____ Date: _____
Last Name First Name Middle

_____ Address

_____ Institution Completing Dean's Certification Form

_____ Dates of Attendance

WAIVER OF ACCESS:

I have requested that this certification form be completed for use in the readmission process by officials of Skidmore College. The Family Educational Rights and Privacy Act of 1974 (FERPA), gives an enrolled student access to any recommendation provided. If you waive this right, we will preserve the strict confidentiality of this document in accordance with FERPA (please check one):

- I waive access to this report I do not waive access to this report

Signature: _____ Date: _____

TO THE ADMINISTRATIVE OFFICIAL RESPONDING TO THIS DOCUMENT:

Is this individual currently in attendance at your institution? ____ If so, is the individual in good academic standing? ____
If no, please attach an explanation.

Has this individual been the subject of disciplinary action or proceedings, academically and/or socially? _____
If yes, please attach an explanation.

Name of Administrative Official Completing Form: _____

Institution and Title: _____

Signature: _____ Date: _____

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Please return to Office of Academic Advising, 815 N. Broadway, Saratoga Springs, NY 12835
Fax: (518) 580-5749