

**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](mailto: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