



Re-Entry Application
Office of Undergraduate Admission
8 Ashburton Place
Boston, MA 02108
Tel: 617-573-8460 Fax: 617-557-1574
admission@suffolk.edu

PLEASE READ FIRST:

1. Use this form if you have previously attended Suffolk University and have been away for more than two semesters.
2. Students who have been dismissed by the Academic Standing Committee of Suffolk University should not use this form. You should contact the Dean's Office based on your previous major at Suffolk.
3. Students who are on an official leave of absence or who have been out of Suffolk for less than two semesters should not use this form. You should contact the Registrar's Office for registration information.
4. All financial obligations to the University must be resolved prior to re-admission.
5. An application fee of \$50.00 is required if it has been more than two calendar years since your last attendance at Suffolk University.

Name _____
Last First MI Maiden

Social Security Number _____ Date of Birth _____

Permanent Address _____
City State Zip Code

Mailing Address _____
City State Zip Code Until when? _____

Home Telephone (____) _____ Cell (____) _____

Email Address _____ Fax Number (____) _____

Check semester and year you were last enrolled at Suffolk University:

Fall Spring Summer Year _____

Check the appropriate space for re-entry request:

Program and Major: Arts and Sciences Major _____

Sawyer Business School Major _____

Re-entering Semester and Year: Fall 20____ Spring 20____ Summer 20____

Status: Day Evening Full-time Part-time

Campus: Boston Cape Cod Madrid Dakar Dean

Please complete reverse side

