



Office of Admissions
 Loew Hall, Room 224
 P: 718.289.5895
 F: 718.289.6352

Bronx Community College
 of The City university of New York
 2155 University Avenue
 Bronx, New York 10453

REACTIVATION REQUEST FORM

Name of Student: _____
LAST NAME FIRST NAME MI

Mailing Address: _____
STREET NAME APT #

CITY STATE ZIP CODE

Social Security #: _____ XXX-XX-XXXX Date of Birth: _____ MM/DD/YYYY

Telephone Number: (_____) _____ DAY EVENING

E-mail Address: _____

Please indicate the original semester you were accepted at BCC: _____
MONTH YEAR

Please give a brief explanation why you were unable to attend classes.

Please indicate the semester you wish to be reactivated at BCC: _____
MONTH YEAR

Please indicate your Plan/Sub-Plan at BCC: _____

Were you accepted in the College Discovery Program (CDP)? Did you take the CUNY Skills Exam (ACT)?
 Yes No Yes No

Student's Signature _____ Date _____

***** FOR OFFICE USE ONLY *****	
<input type="checkbox"/> Freshman	_____
<input type="checkbox"/> Transfer	_____
College Official's Signature _____	Date _____