



College Discovery

Borough of Manhattan Community College
The City University of New York

199 Chambers St., S335
New York, NY 10007
phone 212-220-8152
fax 212-220-1298

Application for Reinstatement into the College Discovery Program

Date: _____

Requesting Reinstatement for: Fall _____ Spring _____
Year Year

Name: _____
Last First M.I.

EMPL Number _____

Address: _____

Telephone: _____ Email: _____

First Semester at BMCC _____

First attended as: Freshmen Transfer

Reason why you stopped attending: Academically Dismissed? Yes No

If yes, indicate semester: _____

Other Reason (please specify):

Please Note: You *MUST* be readmitted to the college before you can be reinstated into the CD Program.
Also, attach an unofficial copy of your CUNYfirst transcript with this application.

This section to be completed by Counselor:

Please refer to the College Discovery retention policy, in advising students applying for reinstatement into the College Discovery Program. Decision is left to the discretion of the Director and when indicated, the Office of Special Programs. These decisions are usually based on budgetary considerations. Leave of four (4) or more semesters require the approval of the Office of Special Programs/CUNY and LOA form.

Counselor's Name: _____

Indicate Number of Semesters Exhausted: _____

Why should student be reinstated?

Counselor's Signature/Date

This section to be completed by Director:

Application Approved: Yes No Counselor Assigned: _____

Application Approved with following suggestions:

Application Denied

Director's Signature/Date

GRADUATION PLAN

Please complete an advisement plan that leads to graduation based on the students' current major. This will provide a map for the student to follow upon readmission to College Discovery.

Degree/Major: _____ Current Cum. GPA: _____ Expected Graduation Date: _____

Fall / Spring / Summer: 20 _____

| Course Number | Course Title | Credit Hours |
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Fall / Spring / Summer: 20 _____

| Course Number | Course Title | Credit Hours |
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Fall / Spring / Summer: 20 _____

| Course Number | Course Title | Credit Hours |
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Fall / Spring / Summer: 20 _____

| Course Number | Course Title | Credit Hours |
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Counselor Comments:

Student Certification

I agree to abide by the terms and conditions of this graduation academic plan as set forth by my CD Counselor. I understand that my progress will be monitored each semester.

Student's Signature

Date

Counselor Certification

I approve this graduation plan, which, if followed, will assist the student in reaching program completion or an academic standing acceptable for BMCC's graduation requirements.

Counselor Signature

Print Name

Date