

CLINTON COMMUNITY COLLEGE

Plattsburgh, NY 12901

Request for Supplemental Admissions/Registration Information

Dear Applicant:

On your application for admission to Clinton Community College, you indicated that you have been dismissed from another college for **disciplinary** reasons. Prior to our making a decision regarding your attendance at Clinton, we need to obtain additional information. Please complete this form, answering every question. Give the form to an appropriate official for verification and ask him or her to send the completed form to the College as soon as possible.

Name of Applicant _____ Phone Number _____

Address _____

Previous College Attended _____

Date of Last Attendance _____ Social Security No. _____

Reason for Dismissal _____

I hereby give permission for the information requested on this form to be released to Clinton Community College for the purposes of college admission.

Signature of Applicant

Date

To the Applicant's Previous School Official:

Is the information provided above, to the best of your knowledge, correct? Yes ___ No ___

If no additional information would you recommend this applicant for college study at Clinton Community College? Yes ___ No ___

Would this student be eligible to return? If so when? _____
If not why _____

<p>Please return to: Admissions Office Clinton Community College 136 Clinton Point Drive Plattsburgh, NY 12901 Phone: (518)-562-4171 Fax: (518)-562-4373 Email: admissions@clinton.edu</p>	<p>Signature _____ Title _____ Institution: _____ Phone Number: _____ Email Address: _____</p>
--	--