

Undergraduate Rematriculation Form

Undergraduate Students in the College of Arts & Sciences, College of Business, College of Engineering & Applied Science, School of Journalism, and School of Marine & Atmospheric Sciences

			Marine & Atmospheric Sciences			
Student <u>Last</u> Name	(Please Print)	Student First Name	(Stony Brook ID (if	unknown, provide SS#)	
Home Phone number wi	th area code	Daytime (work) phone with a	area code	Student Major	College	
(CAS COB CEAS	
					SOJ SOMAS	
Home address including	street number, city and zi	p code				
E-mail Address				Last attendance at S	Stony Brook: Term and ↓ YEAR ↓	
				Fall Spring	Summer	
NOTE II		2. 7. 7. 4		:		
					rom the University. If a student wishes to de document(s). Students wishing to declare	
		in the Engineering Building, ro		ung me appropriad	t document(s). Students wishing to declare	a new
REQT - Please indicate	the term the student will r	e-enroll at Stony Brook:	_			
Term (choose one)	Year	Are you currently Suspended or Dismissed?				
Winter Spring [20		Students who are currently Suspended or Dismissed, must also petition for a Reinstatement through their Academic Advising Office.			
Studente who do not	attend the semester in v	which they			cessed without approval and submissic	n of
	eligible to enroll for futur				or Academic Advising Office informatio	
students must follow	the Rematriculation Pro	cess for the new				
	ey plan on attending. Re	matriculation Form	I have receive	ed the Rematricul	ation Information Sheet and acknowled	ge
and \$50 Rematriculat	ion tee is required.				it my academic advisor for advisement	
					ation requirements, as well as reviewing	
	e term the student expects	to graduate from Stony Brook:			the University's regulations, procedure s described in official publications.	5,
Term (choose one)		Year				
Winter Spring	20	Students Initials Required:				
					military service, may request an exception	
					cumentation demonstrating the start and	l end date
their service For stude	nts requesting their prior	r matriculation degree require	ement term, <u>please</u>	<u>e include docume</u>	ntation.	
COLAD CVCTEM	DI ' 1' 4 '6 I	AL COLADA	1 1/	11191 4		
		not know your SOLAK Passw roblem via <u>https://psns.cc.sto</u> n			our password. Password reset can be do	ae in
		- variation (m. metpo) (position of the control of			· · · · · · · · · · · · · · · · · · ·	
SOLAR PASSWORD						
In person at the Regi	ssword will be provided in person	on)	Ct. 1t I	-141-1-		
Online via Solar Tro	uble Ticket (password wil	be provided via e-mail)		Student I	nuais	
. 1 . C' . (TEL' C	TINOT 1	14		l D.		
ludent Signature (1 ms for	m will NOT be processed	without a signature)		Date		
A NON DEFLIN	DADLE CEO OO E	EMATRICIII ATION	LEE WILL	DOST TO V	OUR STURENT ACCOUNT	AT TH
A NON-KEFUNI					OUR STUDENT ACCOUNT	АІ ІП
	TIME	OF PROCESSING	THIS REQU	EST		
For Processing	Email to the R	egistrar's Office: r	egistrar offi	ice@stonyb	rook.edu SUBMIT IN	
	-	_	_	_	Brook, NY 11798 -3221	
ingun or iviali t	o: Registrar's C	nice Stony Brook	omon, suite	z 200 Stony	BIOOK, NI 11/90-3221	
		Forms will be proce	accad within	n 24-48 hau	re	
		TOTALIS WILL DE PLOCE	eaacu Willii	4 7-7 0 110u	ıjı	

- For Registrar's Office use ONLY STAFF INITIALS DATE COMPLETED

1. Service Indicator (complete at counter)

2. Reset Password (complete at counter)

3. Rematriculation Processed