



Office of Admissions
REALLOCATION REQUEST FORM

Note: THIS FORM IS TO BE USED BY STUDENTS ACCEPTED TO ANOTHER CUNY COLLEGE, WHO ARE INTERESTED IN BEING CONSIDERED FOR ADMISSION TO BROOKLYN COLLEGE.

Please complete ALL the information requested (print clearly)

Which application did you submit to CUNY? [] Freshman [] Transfer

Social Security Number - -

Date of Birth (Month/Day/Year) / / [] Male [] Female

Last name First name Middle

Address Street Apt

City State Zip

Telephone (Daytime) (Evening) (Email)

Name of CUNY College you were accepted to
What semester were you accepted: Spring Fall Year

Signature Date

Do not write below this line

Units/Subject/Average [] Freshman [] Transfer

English High School/Grad. Date /
For Langl HS SIMS-ETS Code
Math College/Leave Date /
Science College SIMS-ETS Code
Soc Stud Original Allocation/Code/Phase
For Langl Brooklyn College Allocation Code
Fine Arts

Total Units [] Accept [] Accept Conditional [] Accept on Appeal [] Not Eligible

Index: CAA/GED Admissions Office Authorized Signature Date

SAT-M V [] FALL [] SPRING [] SUMMER Year

CRE GPA Division Code: STOP Code:

Billing Code: Residence Code:

Skills Test: Math Admissions Code: Ethnicity Code:

Read Group Code: SEEK:

Write Program Code: RA

[] SIMS Entered by Date:

[] Student package sent Date: