

**INTENT TO RETURN TO GRADUATE STUDY  
SUNY PLATTSBURGH**

It is my intention to resume my studies as a matriculated graduate student at SUNY Plattsburgh.  
Please reactivate my access to Banner in time for me to register for the following term:

\_\_\_\_ Fall    \_\_\_\_ Winter    \_\_\_\_ Spring    \_\_\_\_ Summer    \_\_\_\_ Year

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Graduate Degree Program

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Full Name (Print)

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Student ID#

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Mailing Address

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail : \_\_\_\_\_

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Student's Signature

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Date

Mail this form to:    Graduate Admissions Office  
                              SUNY Plattsburgh  
                              101 Broad Street  
                              Plattsburgh, NY 12901-2681

**OR**

FAX to (518) 564-4722.

Contact the Graduate Admissions Office at (518) 564-4723 or [graduate@plattsburgh.edu](mailto:graduate@plattsburgh.edu) if you have questions.

