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 <u>disciplinary</u> 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	Social Security No
Address	
I hereby give permission for the infor College for the purposes of college ac	rmation requested on this form to be released to Clinton Community dmission.
Signature of Applicant	Date
To the Applicant's Previous School C	Official:
Is the information provided above, to	the best of your knowledge, correct? Yes No
Would you recommend this applicant	t for college study at Clinton Community College? Yes No
Please return to: Admissions Office Clinton Community College 136 Clinton Point Drive Plattsburgh, NY 12901	Signed
	Title
	Institution:
	Phone Number