
Last Name	First Name	Class Year	Skidmore ID# (if known)
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Current Address	Phone Number	Email
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I wish to be readmitted for the	Fall 20__ semester	Spring 20__ semester
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I plan to return as a

Fulltime resident student

Part-time student

Finishing in absentia (a [(es50()Tj909D 5 >>BDC0e0.0