APPLICATION FOR VISITING STUDENTS

For non-CUNY only. If you attend another CUNY college, follow the CUNY permit procedures to attend Lehman.

COMPLETE AND RETURN THIS FORM (ALL 4 PAGES) ALONG WITH THE APPLICATION FEE ONLY TO:
Lehman College, Department of Music, Attn: Ms. Darina Bejtja, 250 Bedford Park Boulevard West, Bronx, NY 10468

APPLICATION FEE: $125 for new graduate students, $10 for returning graduate students
$65 for new undergraduate students, $10 for returning undergraduate students

PLEASE CHECK APPROPRIATE BOX:  □ GRADUATE NEW  □ GRADUATE RETURNING
□ UNDERGRADUATE NEW  □ UNDERGRADUATE RETURNING

Name: ____________________________________________ Any Prior Name __________________ M  F

Mailing Address _________________________________________ Apt. No.________________________

City/State/Zip _________________________________________ Country (if non-USA) ____________________

Social Security No. ______________________________ Date of Birth ______________ Country of Birth __________________

Telephone Number (with area code) __________________________ Email ________________________________

(Please provide CURRENT telephone & email information so you may be contacted when your application is received)

I am applying for (please check):  □ Summer Session I (A)  □ Summer Session II (B)

CHECKLIST:

□ I am a new visiting student or am currently enrolled at ____________________________
   College/University and have attached an official transcript from my home institution.

OR

□ I am a Lehman College alumnus/a registering for the Music Summer Program for the first time.

OR

□ I am a returning Lehman College student. (Note: if you have taken our summer courses in the past,
   you are a returning student).

I would like to take the following course(s):

Dept/Course No. ________________ 4 digit code: _______ Section _______ Prerequisite taken? ________________

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Dept/Course No. ________________ 4 digit code: _______ Section _______ Prerequisite taken? ________________

How did you hear about Lehman? ________________________________

Note: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran’s status.
The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student’s criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus.

(Over) ➔
Proof of immigrant or naturalized citizenship status must be shown in the Office for Special Academic Sessions - Shuster Hall, Room 178 - when submitting this application. Copies of official documents are not accepted.

**Important Note for All Students:** To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. **A failure to answer these questions will require you to complete the City University Residency Form.**

<table>
<thead>
<tr>
<th>Where were you and each of your parents born? Check one in each column.</th>
<th>Self</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born in the United States, excluding Puerto Rico or U.S. Territories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born in Puerto Rico or U.S. Territories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born outside of the United States</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With which Country you most identify: _________________________________

Is a language other than English spoken at home? ☐ Yes ☐ No

With which language are you most comfortable? _________________________________

Have you been a New York State resident for the past 12 months? ☐ Yes ☐ No

If yes, please give the month and year New York State residency began: ______________________________

Did you file a New York City/State resident income tax return during the past twelve months? ☐ Yes ☐ No

Did you file a federal income tax return during the past twelve months? ☐ Yes ☐ No

List below all your addresses during the past five years, starting from your current address and working backwards: (Attach a separate sheet of paper if necessary).

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>COMPLETE ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month -- Year</td>
<td>Month -- Year</td>
<td>City State Zip Code</td>
</tr>
<tr>
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</tbody>
</table>

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. **I understand that the application fee is non-refundable.**

I understand that non-matriculated (non-degree) students, including non-CUNY visiting students, are not eligible for financial aid at Lehman College.

Date: ______________________ Signature: ______________________
MEDICAL REQUIREMENTS
REQUIRED FOR ALL NEW STUDENTS AND RETURNING STUDENTS
Meningitis Response Signature (Part 1) and MMR Immunization Records (Part 2) are required before registration

Name: ___________________________ SSN#: ___________________________
Address: __________________________________________________________________________________________
Phone: (_____) __________________________ DOB: __________________________

Part 1 - TO BE COMPLETED AND SIGNED BY THE STUDENT OR BY THE PARENT/GUARDIAN IF THE STUDENT IS UNDER THE AGE OF 18

MENINGOCOCCAL MENINGITIS.
CHECK ONE (1) BOX ONLY (One dose within 10 years recommended by NYSPHL2167)

☐ I have read, (see next page) or have had explained to me, the information regarding meningococcal meningitis. The vaccination was administered on DATE ___/___/____ OR

☐ I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis.
*For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics websites: www.istm.org The cost approximately $100

Signed: ___________________________ Date: __________________________

Part 2 - TO BE COMPLETED, SIGNED, AND STAMPED BY YOUR HEALTH CARE PROVIDER.
Single immunizations (one mumps, one measles, or one rubella) must have been given after January 1, 1968.

Measles 1 Date ___/___/____
Mumps Date ___/___/____

Measles 2 Date: ___/___/____
Rubella Date: ___/___/____

OR

M.M.R. (Measles, Mumps, Rubella) (Two doses; after 1/1/1973)
1. Dose 1 given at age 12 months or later……………………………….. Date: ___/___/____
2. Second dose given after 15 months of age…………………………….. Date: ___/___/____

OR

3. Laboratory Report proving immunity must be submitted. (MMR Titer)
   (See reverse side for information)
I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity.

Physician signature AND stamp required __________________________________________
Address: ____________________________________________________________________________
Date: ___/___/____ Phone#: (_____) __________________________
**Medical Requirements**

*Meningitis Response Signature and MMR Immunization Records are required before registration*

**New York State Public Health Law 2167-Meningococcal Meningitis**

New York State Public Health Law 2167 took effect on August 15, 2003. It requires that all colleges inform their students about meningococcal meningitis and the meningitis vaccine. It further requires you to do the following:

- Complete Part 1 of the reverse side of this form indicating that you have received information about meningitis and the meningitis vaccine and **EITHER:**
  - Have been vaccinated against meningitis within the last 10 years (please submit date)
  - Have decided **not** to obtain the vaccination.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms can include high fever, severe headache, stiff neck, and rash. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputations, and even death.

Meningitis is spread through the air via respiratory secretions such as coughing, sneezing, kissing or sharing personal items like utensils, cigarettes and drinking glasses. Certain college students, particularly freshman living in dormitories or resident halls, have been found to have an increased risk for meningitis.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States—types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is safe and effective and provides immunity for approximately 3 to 5 years. Meningitis vaccine is available at your primary care physician or visit www.istm.org for clinic listings. The cost is approximately $75.00.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our health center and/or consult your physician. You can also find information about the disease at the New York State Department of Health website: www.health.state.ny.us, at the Center for Disease Control and Prevention (CDC) website: www.cdc.gov/ncidod/dbmd/diseaseinfo, or at the American College Association (ACHA) website: www.acha.org.

**New York State Public Health Law 2165-Measles, Mumps, Rubella**

If you were born after December 31, 1956, you are required by state law to prove you are immune to Measles, Mumps, and Rubella in order to attend college. Acceptable proof of immunity includes: immunization cards from childhood, immunization records from High School or other schools you attended, or records from your doctor or clinic. If you do not have proof of immunizations, you must be immunized again or have a blood test (MMR titer) to show you are immune to all three diseases.

MMR vaccines are available at the Lehman College Student Health Center free of charge. Blood testing is also available but requires medical insurance or payment by the student. Medical waiver: Any student with a medical condition that prohibits vaccination may submit a doctor’s statement on letterhead for exemption. (Temporary medical conditions, such as pregnancy, require blood titer clearance)

*You do not need proof of vaccinations if you were born on or before December 31, 1956.*