



APPLICATION FOR HIGH SCHOOL SUMMER PROGRAM

COMPLETE AND RETURN THIS FORM TO LEHMAN COLLEGE, CUNY

By fax: 718-960-2419

By mail: Office for Special Academic Sessions, 250 Bedford Park Boulevard West Shuster 178, Bronx, NY 10468

APPLICATION FEE: \$65 payable via cash, check, or money order.

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: **Summer 20**__

I am a student currently enrolled at _____ High School.

AND I have enclosed a copy of my high school transcript.

AND I have enclosed a copy of my SAT scores. Please provide PSAT scores if SAT scores not available.

I would like to take the following course. (Please leave blank. A Summer Session Advisor will work with you on this selection.) **List next to each course how you satisfied any prerequisite for the course:**

First Choice: Dept/Course No. _____ 4 digit code: _____ Section _____

Second Choice: Dept/Course No. _____ 4 digit code: _____ Section _____

Third Choice: Dept/Course No. _____ 4 digit code: _____ Section _____

Counselor Permission:

Student has permission to take introductory courses at Lehman College.

High School Counselor's or Advisor's Signature

Date

How did you hear about the Summer Program at 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.

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.**

Where were you and each of your parents born? Check one in each column.	Self	Mother	Father
Born in the United States, excluding Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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).

FROM	TO	COMPLETE ADDRESS:
_____ -- _____ Month Year Month Year		
		City State Zip Code
_____ -- _____ Month Year Month Year		
		City State Zip Code

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: _____

Date: _____ Parent/Guardian Signature: _____