

**VISITING STUDENT CHECKLIST**

\_\_\_\_\_ Compile the information needed to apply as a Visiting Student

\_\_\_\_\_ Completed Visiting Student Application

\_\_\_\_\_ Copy of an unofficial transcript

\_\_\_\_\_ Check of Money Order for Application Fee (\$65 for New Undergraduate Students, \$125 for New Graduate Student, and \$20 for returning students.)

\_\_\_\_\_ Complete Immunization Records (students seeking to enroll in 6 or more credits)

\_\_\_\_\_ Mail or Drop off all application materials at/to the following address:

Lehman College  
Office for Special Academic Sessions  
Shuster Hall Room 178  
250 Bedford Park Boulevard West  
Bronx, NY 10468

Once received applications are processed and students registered within 48 hours. The Office for Special Academic Sessions will seek out all necessary approvals for courses and process student registrations.

Student will receive an email from the Office for Special Academic Sessions confirming their registration status and providing useful information regarding payment for classes, etc.



Office for  
Special Academic  
Sessions

Shuster Hall Room 178  
250 Bedford Park Blvd West  
Bronx, NY 10468

Phone: (347) 577-4022  
Fax: (718) 960-2419  
Email: Lena.Guity@lehman.cuny.edu

## APPLICATION FOR VISITING COLLEGE STUDENTS

For non-CUNY only. If you attend another CUNY college, follow the CUNY permit procedures to attend Lehman.  
**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 for new undergraduate students, \$10 for returning undergraduate students  
\$125 for new graduate students, \$10 for returning graduate students**

PLEASE CHECK APPROPRIATE BOX:  UNDERGRADUATE  GRADUATE  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):  Fall 20\_\_  Winter 20\_\_  Spring 20\_\_  Summer 20\_\_

I am a student currently enrolled at \_\_\_\_\_ College/University.

**AND**  I have attached a student copy of my (home) college transcript.

I would like to take the following course(s). List next to each course how you satisfied any prerequisite for the course:

**(Please note: Visiting Students are not eligible to enroll in PSY 305: Experimental Psychology I)**

Dept/Course No. \_\_\_\_\_ 4 digit code: \_\_\_\_\_ Section \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

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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.**

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: \_\_\_\_\_

# MEDICAL REQUIREMENTS

MENINGITIS RESPONSE SIGNATURE AND MMR IMMUNIZATION RECORDS  
ARE REQUIRED PRIOR TO REGISTRATION.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

**MENINGOCOCCAL MENINGITIS.**

**CHECK ONE (1) BOX ONLY** (One dose within 10 years recommended by NYSPHL2167)

I have read, (see reverse side) 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](http://www.istm.org) The meningitis vaccine is *not* offered at the Lehman College Student Health Center.**

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps 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#: (\_\_\_\_) \_\_\_\_\_

**Return form to:** Lehman College Student Health Center, T-3 Building Room 118  
250 Bedford Park Blvd. West, Bronx, NY 10468 Telephone: (718) 960-8900 Fax: (718) 960-8909