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.
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? ______________

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

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

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.**

### Where were you and each of your parents born? Check one in each column.

<table>
<thead>
<tr>
<th></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</td>
<td>Year</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

|       |      | City | State | Zip Code |
|       |      |      |       |          |

|       |      |       |      |       |      | 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 The meningitis vaccine in 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 ___/___/____
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#: (___) ____________________

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