

UNDERGRADUATE APPLICATION FOR NON-DEGREE TO DEGREE STATUS

Semester Applying For: Fall 20____ Spring 20 ____

Last Name		First Name		Middle Name		Prior Name	
Mailing Address:							Apt:
City:			State:	Zip Code:		Country (if non-U.S.A.):	
Social Security Number: -- --		Empl ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: Month /Day /Year	
Daytime Telephone Number: () --		Evening Telephone Number: () --		E-mail Address:			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Immigration Status:			*OFFICE USE ONLY*	
Country of Birth _____			<input type="checkbox"/> U.S. Permanent Resident			_____ Date Processed	
Country Of Citizenship _____			Alien Registration (I-551) card # _____			_____ Initials	
			<input type="checkbox"/> Other _____ Specify type of visa				

High School _____ City _____ State _____ Grad. Date _____ Diploma GED

List all Colleges/Universities attended:

Institution	From	To	Degree Type	Date Earned
Institution	From	To	Degree Type	Date Earned

Intended Major _____

Have you ever received financial aid? No Yes If yes, where? _____

To Apply:

- All official High School and previous college transcripts must be received **before** your application for degree status can be evaluated.
- All degree students must pass the CUNY skills tests.
- If not in continuous attendance, a \$20 non-refundable fee will be required.

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 Undergraduate Admissions Office, Shuster Hall, Room 161, 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"/>

Country with which 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.***

Date: _____

Signature: _____