

**TRANSFER APPLICATION**

Please PRINT and use an INK PEN to complete both sides of the form

Day  Evening

SEMESTER APPLYING FOR:  Fall  Spring  Summer 20\_\_\_\_\_

CUNYfirst #: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name MI ( )  
 Prior Name

EMAIL ADDRESS (PLEASE PRINT LEGIBLY): \_\_\_\_\_

PERMANENT / HOME ADDRESS:

MAILING ADDRESS:

\_\_\_\_\_  
 Street Apt No

\_\_\_\_\_  
 Street Apt No

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

(\_\_\_\_) - \_\_\_\_\_  
 Home Phone #

(\_\_\_\_) - \_\_\_\_\_  
 Mobile Phone #

Marital Status: \_\_\_\_\_

Gender:  Male  Female  Transgender  Non Conform  Non Binary  Not Listed  Unspecified

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth (City, State & Country): \_\_\_\_\_

How long have you lived in New York State? \_\_\_\_\_ Years \_\_\_\_\_ Months

Are you a U.S. Citizen?  Yes  No

**NON-CITIZENS PLEASE COMPLETE QUESTIONS IN THIS BOX**

What type of Visa do you have? 1.  Student 2.  Temporary 3.  Permanent  
 What is your Visa or Alien Registration Number? \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Office Use Only**

Major: \_\_\_\_\_

**Residency**

- In-City  
 In-State  
 Out-of-State

High School: \_\_\_\_\_

Prior Degree: \_\_\_\_\_

Admit: \_\_\_\_\_

Deny: \_\_\_\_\_

Taken By: \_\_\_\_\_

Date: \_\_\_\_\_

Desired Major / Curriculum: \_\_\_\_\_

High School from which you graduated: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

If you DID NOT graduate from high school, do you have a GED?  Yes  No

Date of GED Diploma: \_\_\_\_\_ Month \_\_\_\_\_ Year

Are you a Veteran of the United States Military Service, currently on Active Duty or a member of the National Guard or Reserves?  Yes  No

Note: If yes, you must provide proof of Veteran/Military status: DD-214, Current Military ID card, or Deployment or Pre-separation orders.

List ALL post-secondary institutions you attended:

*Failure to list ALL prior post-secondary institutions (including City Tech) will result in a forfeiture of transfer credits and a rescindment of admission*

Institution	Dates of Attendance	Institution	Dates of Attendance
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

If you have earned a college degree, indicate the type of degree and the date of graduation.

\_\_\_\_\_  
 TYPE OF DEGREE

\_\_\_\_\_  
 DATE

**THIS SURVEY IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL**  
 Refusal to provide this information will not subject the applicant to any adverse treatment

**Your response to the following questions is voluntary and the information will be kept confidential.**

*Refusal to provide this information will not subject the applicant to any adverse treatment*

**Which category describes you best?**

- |  |   |
|--|---|
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander          |
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> American Indian or Native American |
| <input type="checkbox"/> Hispanic            | <input type="checkbox"/> Other – please specify _____       |

**From what country or what part of the world did you or your parents originally come?**

*Check the country or part of the world with which you most identify*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> China: Mainland | <input type="checkbox"/> Israel             | <input type="checkbox"/> Haiti                          | <input type="checkbox"/> Greece               |
| <input type="checkbox"/> China: Taiwan   | <input type="checkbox"/> Nigeria            | <input type="checkbox"/> Jamaica                        | <input type="checkbox"/> Ireland              |
| <input type="checkbox"/> Hong Kong       | <input type="checkbox"/> South Africa       | <input type="checkbox"/> Panama                         | <input type="checkbox"/> Italy                |
| <input type="checkbox"/> Korea           | <input type="checkbox"/> Colombia           | <input type="checkbox"/> Puerto Rico                    | <input type="checkbox"/> Poland               |
| <input type="checkbox"/> India           | <input type="checkbox"/> Cuba               | <input type="checkbox"/> Trinidad                       | <input type="checkbox"/> Soviet Union         |
| <input type="checkbox"/> Thailand        | <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> England, Scotland,<br>or Wales | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Vietnam         | <input type="checkbox"/> Ecuador            | <input type="checkbox"/> Germany                        |   |
| <input type="checkbox"/> The Philippines | <input type="checkbox"/> Guyana             |   |   |

**Where were you and each of your parents born?**

*Check one in each column*

	<b>You</b>	<b>Mother</b>	<b>Father</b>
Born in the United States, excluding Puerto Rico or US Territories	_____	_____	_____
Born in Puerto Rico or US Territories	_____	_____	_____
Born outside of the United States	_____	_____	_____
Do you speak a language other than English at home?		_____ Yes	_____ No

If yes, with which language do you feel more comfortable?

- English     Language other than English     Equally comfortable with both

**I certify that all statements on this document are complete and accurate to the best of my knowledge and belief, and that I agree to provide whatever documentation may be required to verify the information.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_