

**(718) 260-5500**  
**(718) 260-5504 Fax (Please do not fax application)**

**Office of Admission Services**  
**Alexis Chaconis, Director**

Please read the instructions accompanying the application. PRINT using ballpoint pen. Please complete both sides.

Semester applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_\_\_\_ CUNYfirst ID: \_\_\_\_\_

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

\_\_\_\_\_ ( \_\_\_\_\_ )  
 Last name First Name Middle Initial Prior Name

**E-mail Address (PLEASE PRINT LEGIBLY)**

**LEGAL ADDRESS:**

\_\_\_\_\_ Apt No \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Phone Date of Birth Place of Birth

How many years have you lived in New York? \_\_\_\_\_ 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? \_\_\_\_\_

**Office Use Only**

Major \_\_\_\_\_  
 CUNYfirst ID: \_\_\_\_\_  
 Res:  
 In-state \_\_\_\_\_  
 Out of State \_\_\_\_\_  
 Status:  
 Accept \_\_\_\_\_  
 Reject \_\_\_\_\_  
 Taken by \_\_\_\_\_  
 Date \_\_\_\_\_

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

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

Date of Graduation: \_\_\_\_\_

If you DID NOT graduate from high school, do you have a GED/HSE? \_\_\_Yes \_\_\_No

Date of GED/HSE diploma: \_\_\_\_\_month \_\_\_\_\_year

Are you a Veteran of the United States Armed Services? \_\_\_Yes\_\_\_No  
 (must provide DD214)

List all post-secondary 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*

1. \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

**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?			
<input type="checkbox"/> English <input type="checkbox"/> Language other than English <input type="checkbox"/> 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** \_\_\_\_\_