

DEGREE PROGRAMS OPEN FOR ADMISSIONS

Accounting (AAS)	Emerging Media Technologies (BT)
Applied Chemistry (BS)	Entertainment Technology (BT)
Applied Computational Physics (BS)	Environmental Control Technology (AAS)
Applied Mathematics (BS)	Facilities Management (BT)
Architectural Technology (AAS/BT/*BARCH)	Healthcare Policy and Management (BS)
*Biomedical Informatics (BS)	Health Communication (BS)
Business & Technology of Fashion (AS/BS)	Health Sciences (AS)
*Career & Technical Teacher Education (BS in Ed)	Hospitality Management (AAS/BT)
Chemical Technology (AS)	Human Services (AAS/BS)
Civil Engineering Technology (AAS)	Industrial Design Technology (AAS)
Communication Design (AAS/BFA)	Liberal Arts - Arts (AA)
Computer Engineering Technology (BT)	Liberal Arts - Sciences (AS)
Computer Information Systems (AAS)	Marketing Management & Sales (AAS)
Computer Science (AS)	Mathematics Education (BS in Ed)
Computer Systems (BT)	Mechanical Engineering Technology (AAS/BT)
Construction Management Technology (AAS)	*Nursing (AAS)
Construction Engineering Technology (BT)	Paralegal Studies (AAS/BS)
Data Analytics in Economics - (BS)	Professional & Technical Writing (BS)
Data Science (BS)	*Radiologic Technology (AAS) Restorative
*Dental Hygiene (AAS)	Dentistry (AAS)
Electrical Engineering Technology (AAS)	*Technology Teacher Education (BS in Ed)
Electrical Technology (BT)	Vision Care Technology (AAS)
Electromechanical Engineering Technology (AAS)	

***Placement is not guaranteed for these majors and departmental approval is mandatory**

All in-person drop-offs should be submitted to the Office of Admissions, NG17

Zoom Meeting ID:

958 2670 9321

Passcode:

Admissions

The office will be closed on the following dates

5/30 - 6/7 - 6/20 - 7/1 - 7/4 - 7/15 - 7/22 - 7/29 - 8/5 - 8/12

June 21 through June 23 9:30AM - 4:30PM

June 24 9:30AM - 3:00PM (virtual hours)

July 5 through July 7 9:30AM - 4:30PM

July 8 9:30AM - 3:00PM (virtual hours)

In-person Office Hours:

Mon 9:30AM - 4:30PM

Tue 9:30AM - 4:30PM

Wed 9:30AM - 6:00PM

Thur 9:30AM - 4:30PM

Fri CLOSED

Virtual Hours:

Mon 11:30AM - 1:30PM

Tue 1:30PM - 3:30PM

Wed 3:30PM - 5:30PM

Thur 11:30AM - 1:30PM

Fri CLOSED

Summer Hours begin on June 13 - August 12

In-person Office Hours:

Mon 9:00AM - 5:30PM

Tues 9:00AM - 5:30PM

Wed 9:00AM - 6:00PM

Thur 9:00AM - 4:30PM

Virtual Hours:

Mon 11:30AM - 1:30PM

Tues 1:30PM - 3:30PM

Wed 3:30PM - 5:30PM

Thur 11:30AM - 1:30PM

FOR ON-THE-SPOT ADMISSION

1. Application Fee

A \$65.00 application fee must be paid online using a Visa/MasterCard/American Express/or Discover credit card. You can also pay with an electronic check (E-check). In order to use an electronic check, you must have both your bank routing number and checking account number. All application fee payments need to be paid using the CUNYfirst admission application.

2. Official High School/ College Transcripts

a. Original and photocopy of high school diploma and official high school transcript (presented in a sealed envelope) or original GED diploma and scores and photocopy.

b. Please note, if you have transcripts showing a different name, proof of the name change must be documented at the time of admission.

c. Any student who has previously attended college, business, trade, technical or vocational school must apply as a transfer student. Please go to N104 or contact our STAR Center at 718-260-5508 for admission criteria and information about what to bring for On-the-Spot Admissions.

3. Immunization

For students born AFTER 12/31/56: Original and photocopy of proof of immunity to measles, mumps and rubella. Accepted forms of proof include documentation of one (1) measles, mumps and rubella vaccination administered after 1967

OR

the lab results of a blood test showing immunity to these diseases. The lab test results must be POSITIVE and provide the laboratory's reference ranges. An equivocal reading is not acceptable. Students can be accepted without their immunization records, however, will not be able to register until proof of immunization is presented. Students presenting vaccination records must present proof of one (1) additional measles vaccination before February 25, 2020.

Meningococcal Meningitis

All students, regardless of age, must submit the Meningitis Response Form by February 25, 2020.

OFFICE OF ADMISSIONS

(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:

Street 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 ___ / ___

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,
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.)

	You	Mother	Father
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 _____

New York City College of Technology 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.