

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

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?

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

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