



New York City College of Technology

The City University of New York

300 Jay Street

Brooklyn, New York 11201-2983

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

Office of Admission Services
Alexis Chaconis, Director

DIRECT APPLICATION FOR FRESHMAN ADMISSIONS

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

Semester applying for: Fall _____ Spring _____ 20_____ CUNY Empl ID: _____

Social Security No. _____ - _____ - _____ Sex: Male _____ Female _____

_____ (_____)
Last name First Name Middle Initial Prior Name

E-mail Address (PLEASE PRINT LEGIBLY) _____

Department of Education OSIS # _____

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? _____

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? ____ Yes ____ No

Date of GED diploma: ____ month ____ year

Are you a Veteran of the United States Armed Services? ____ Yes ____ No
(must provide DD214)

List all colleges attended (Include College Now)

1. _____ From _____ / _____ to _____ / _____

2. _____ From _____ / _____ to _____ / _____

Office Use Only
Major _____
Empl ID: _____
Res:
In-State _____
Out-of-State _____
Status:
Accept _____
Reject _____
Pending _____
Taken by _____
Date _____

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.