

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

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

() - () - Marital Status: _____
Home Phone # Mobile Phone #

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 attended, please include the first term through your last term (i.e. month/year)
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. _____	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?

Black, non-Hispanic
 White, non-Hispanic
 Hispanic

Asian or Pacific Islander
 American Indian or Native American
 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** _____