



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

NON DEGREE APPLICATION FOR ADMISSIONS

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

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

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

_____ (_____)
 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? _____

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)

What course(s) do you wish to register for?

List all colleges attended since high school:

1. _____ From ____ / ____ to ____ / ____

2. _____ From ____ / ____ to ____ / ____

Office Use Only

Major **ND** _____

Empl ID: _____

Res:
 In-state _____
 Out of State _____

Status:
 Accept _____
 Reject _____

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.