



# NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

## OFFICE OF ADMISSIONS

300 JAY STREET, BROOKLYN, NY 11201-1909

(718) 260-5500 - FAX: (718) 260-5504 - ROOM NG17

### REQUEST TO REACTIVATE APPLICATION

You can email the completed form to [ADMDOC@citytech.cuny.edu](mailto:ADMDOC@citytech.cuny.edu)

Full Name: \_\_\_\_\_  
Last, First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Is this a new address? YES  NO  CUNYFirst ID (8 digits) \_\_\_\_\_

Have you attended another college since your acceptance YES  NO

Curriculum to which you were accepted \_\_\_\_\_

Curriculum to which you wish to apply \_\_\_\_\_

Semester in which you were accepted Fall \_\_\_\_\_ OR Spring \_\_\_\_\_  
Year Year

Foreign Students: Have you been issued an I-20? YES  NO  Issuing institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY:

Freshmen \_\_\_\_\_ Transfer \_\_\_\_\_ Approved by \_\_\_\_\_

\_\_\_\_\_ Taken by \_\_\_\_\_ Date \_\_\_\_\_