

ADULT DEGREE PROGRAM PRE-APPLICATION

Please answer all questions on page 1 and write a personal statement on page 2.

An incomplete form will cause a delay in the processing of your application.

If you have any questions please call (718) 960-8666 or email us at adult.degree@lehman.cuny.edu

Date:
Month Day Year

Semester Desired: Fall 20__ Spring 20__

Last Name _____		Middle Initial _____	First Name _____	
Mailing Address: _____				Apt: _____
City: _____	State: _____	Zip Code: _____	How long have you resided at this address? _____	
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
Empl ID (if applicable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Primary Contact Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Secondary Contact Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
E-Mail Address: _____				Please check only one!
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> Current Lehman Student <input type="checkbox"/> Former Lehman Student
Country of Birth _____		Are you currently in the armed forces/military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country of Citizenship _____		Former Adult Degree Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Diploma Received: High School GED Grad. Date: _____

Name of High School / Secondary School: _____ City: _____ State: _____

List all Colleges / Universities attended (Please attach additional sheet if more space is needed) :

Institution	From	To	Degree Type	Credits Earned
Institution	From	To	Degree Type	Credits Earned
Institution	From	To	Degree Type	Credits Earned

IMPORTANT: Please note that you must disclose all postsecondary (beyond high school) schools you attended whether you received a degree or not. You must also submit transcripts from all institutions as part of your admissions application. Not disclosing the names of institutions you attended will delay the processing of your admissions application and delay your enrollment.

How did you hear about the Adult Degree Program? Please check all that apply.

Current Lehman College student
 Continuing Education catalog
 Lehman College alumni
 Internet Search
 Lehman College Website
 Friend / Relative
 Work Colleague
 Advertisement _____
 Other _____
(Please Specify) (Please Specify)

Please tell us why you are applying to the Adult Degree Program at Lehman College. Include any information that is relevant about your personal, work or educational history, and future career goals. If you feel your prior academic record does not accurately reflect the student you will be at Lehman College, please address this issue in detail so that we are able to make an informed admissions decision. (Please print legibly or attach a typed personal statement. If additional space is needed, please attached a blank page in the back.)

Information Session date (information sessions are mandatory for all students planning on being part of the Adult Degree Program!) If you have not attended an information sessions yet, please visit our website at www.lehman.edu/adult and RSVP today!

Date attended information session:
Month Day Year

I certify that the information I have given on this application is accurate and complete. I understand that an incomplete form will cause a delay in the processing of my application.

Date:
Month Day Year

Signature: _____

