



Intensive English Program
APPLICATION FORM

Date: _____

Semester Desired: Fall A 20__ Fall B 20__ Spring A 20__ Spring B 20__ Summer 20__

Last Name: _____ First Name: _____ Middle Initial ____

[] Male [] Female Date of Birth ___/___/___ Country of Citizenship: _____

First Language: _____ Number of years studying English _____

Home Address in Native Country:

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Email: _____

Local Address:

Name (In Care of - if any): _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Number: _____ Cell Phone: _____

Education Level (Check all that apply):

High School

College

Other: _____

Please attach official transcripts

Anticipated Arrival Date: _____ Intended Major at Lehman College: English as a Second Language

Please first report to the School of Continuing Education, located in Carman Hall 128



Individual Payment Instructions (NOT For Group Payments)

Enclose a \$50 non-refundable application fee. You may pay with a money order (United States Currency), payable to Lehman College or complete the credit card information below (Visa or MasterCard only):

Type of Card: Pick one Visa MasterCard

Name on Card:

First Name _____ Last Name: _____

Card Number:

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3-Digit Verification Code:

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Expiration Date:

		/				
Month			Year			

Submission Instructions:

1. Print the information clearly on form using black or blue ink
2. Send the completed application and payment to:

School of Continuing & Professional Studies
250 Bedford Park Blvd. West
Carman Hall, Room 128
Bronx, NY 10468-1589

Attn: Intensive ESL Program