

Phone: 718-960-8512 Fax:718-960-8727 www.lehman.edu/scps



Intensive English Program

APPLICATION FORM

Date:								
Semester Desired: Fa	ll A 20	Fall B 20	Spring	g A 20	Spring B 20	Summer		
Last (Family) Name:								
First Name			Middle	e Name				
☐Male ☐ Female Date of Bir	th	Countr	ry of Citiz	zenship:				
Home Address in Native Co	untry:							
Street Address						Apartment No.		
City		State/I	Province		Zip Code			
Email Address								
Local Address/In Care of Na	me (if any):							
Street Address						Apartment No.		
City		State				Zip Code		
Home Phone	Cell Pho	ne				Email Address		
Name of School(s) Attended:								
High School or Secondary Sch	hool	Locat	tion	Dates Att	ended	Degree/Credits Earned		
College or Post-Secondary Sc	hool	Locat	ion	Dates Att	ended	Degree/Credits Earned		
Intended Major at Lehman Co	ollege:					(Next page, please)		



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Individual Payment Instructions (Not for Group Payments):

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

Type of card (circle one): Visa/MasterCard														
Card Number:														
3-Digit Verification Code:														
Expiration Date:														
N	Month		/	Year										
Name on Card:														

Submission Instructions:

- 1. Type the information on the form
- 2. Send the completed application and money order to:

School of Continuing and Professional Studies Carman Hall, Room 128 250 Bedford Park Boulevard West Bronx, NY 10468-1589

Attn: ESL Program