



APPLICATION FOR UNDERGRADUATE NON-DEGREE STATUS

DO NOT FILE THIS APPLICATION IF YOU PLAN TO APPLY FOR A DEGREE

NOTE: Lehman College 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 status.

Social Security No

Semester Applying for:

 September 20 February 20 June 20

Birth Date

month

day

year

Male

Female

PRINT CLEARLY:

Family/Last Name

Given/First Name

Any Prior Name

Mailing Address

Street

Apt. No

City

State

Zip code

Country (if non-USA)

Day Tel. # (with area code):

Eve. Tel. # (with area code):

HAVE YOU EVER ATTENDED LEHMAN COLLEGE AND DID NOT GRADUATE? IF YES, DO NOT COMPLETE THIS FORM. YOU MUST COMPLETE THE APPLICATION FOR READMISSION.

PLEASE CHECK THE APPROPRIATE BOX:

- DO YOU HAVE A COLLEGE DEGREE? IF YES, YOU MUST PROVIDE YOUR COLLEGE DIPLOMA
- IF YOU HAVE ATTENDED COLLEGE(S) AND HAVE NOT GRADUATED, YOU MUST PROVIDE THE COLLEGE TRANSCRIPT(S)
- HIGH SCHOOL GRADUATES AND GED RECIPIENTS, WHO HAVE NOT ATTENDED COLLEGE, MUST PROVIDE HIGH SCHOOL TRANSCRIPT(S) AND/OR GED SCORES

PLEASE NOTE: NON-DEGREE STUDENTS ARE NOT ELIGIBLE FOR FINANCIAL AID

Important Note for All Students: To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate.

(OVER)



A failure to answer these questions will require you to complete the City University Residency Form.

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please State _____ Country of Birth <input style="width: 100%;" type="text"/> Country of Citizenship <input style="width: 100%;" type="text"/>	Immigration Status: U.S. Permanent Resident Alien Registration (I-551) card # _____ Other _____ Specify type of Visa _____
--	--

**Proof of immigrant or naturalized citizenship status must be shown in the Admissions Office when submitting this application.*

Copies of official documents are not accepted.

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 U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Country you most identify with:

Is a language other than English spoken at home? Yes No

Which language are you most comfortable with?

Have you been a New York State resident for the past 12 months? Yes No

If yes, please give the month and year New York State residency began

Did you file a New York City/State resident income tax return during the past twelve months? Yes No

Did you file a federal income tax return during the past twelve months? Yes No

List below all your addresses *during the past five years*, starting from your *current* address and working backwards: (Attach a separate sheet of paper if necessary).

FROM:	TO:	COMPLETE ADDRESS:						
<input style="width: 100%;" type="text"/> Month - Year	<input style="width: 100%;" type="text"/> Month - Year	<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/> Month - Year	<input style="width: 100%;" type="text"/> Month - Year	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
City	State	Zip Code						
<input style="width: 100%;" type="text"/> Month - Year	<input style="width: 100%;" type="text"/> Month - Year	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%; border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
City	State	Zip Code						

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. ***I understand that the application fee is non-refundable.***

Date:

Signature: