LEHMAN COLLEGE

Office of Continuing Education
Carman Hall 129
250 Bedford Park Boulevard West
Bronx, New York 10468

www.lehman.edu/ce
718-960-8512
718-733-3254 (fax)

APPLICATION FOR ADMISSION TO THE **CERTIFICATE PROGRAM** IN _____

Complete (type or print) the entire form and attach 200 word essay presenting your reasons for wanting to be admitted to this program. Return with the required $25 non-refundable application fee (check or money order) made payable to "Lehman College".

Soc. Sec. #: _____ - _____ - _____ Check: Semester Desired: Fall___ Spring___Summer___ 20____

Last Name First Name

Birth Date: Month---Day---Year Sex: M or F U.S. Citizen: Y or N Maiden Name

Permanent Address Apt. #

City State Zip Code

Home Phone Number Cell Phone Number Business Phone Number

Email Address

Have you attended a Lehman College Continuing Education Program? Yes ( ) No ( ) Program_____

EDUCATION: IF APPLYING FOR CERTIFICATE PROGRAMS *THAT REQUIRE **COLLEGE CREDIT PREREQUISITE** SUCH AS CASAC OR FINANCIAL PLANNER*, PLEASE LIST COLLEGES/INSTITUTIONS ATTENDED.

COLLEGE	DATES	MAJOR	DEGREE/COMPLETED CREDITS OR CERT. PROGRAM/CEUS

HIGH SCHOOL_____CITY_____STATE YES( ) NO ( ) OR GED _____

DATE OF DIPLOMA (MONTH & YEAR) _____

- ATTACH A TRANSCRIPT COPY SENT FROM ALL COLLEGES (IF APPLICABLE), EDUCATIONAL INSTITUTIONS OR HIGH SCHOOL DIPLOMA/GED COPY AS LISTED ABOVE *(Exception: Lehman College transcript).*
- WORK EXPERIENCE (*Attach most recent resume or summary of work experience*.)

REMEMBER TO ATTACH 200 WORD ESSAY, RESUME & $25 APP. FEE. (TRANSCRIPTS MAY BE SENT SEPARATELY).

SIGNATURE OF APPLICANT _____ DATE _____

I hereby certify that all the above information is correct and complete.

Lehman College does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in the admission or status of students.

Return application, essay, resume, transcript(s) & $25 CH/MO to:

Lehman College Office of Continuing Education
Att: Maryann Drago-Dowling, Registrar
250 Bedford Park Blvd. West, Carman Hall, Room 129
Bronx, NY 10468-1589

OFFICE USE ONLY
Fee Paid: _____

Transcript Copy Rec'd._____
Resume Rec'd _____
Essay Rec'd. _____