



GRADUATE APPLICATION FOR READMISSION

Semester Applying for: [ ] September 200\_\_ [ ] February 200\_\_ [ ] June 200\_\_ Last attended Lehman \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I was previously matriculated in: Enter program and code no. Program Adviser's Signature

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's status.

Part A-Personal Information

Form with fields for Last Name, First Name, Middle Name, Prior Name, Mailing Address, Apt, City, State, Zip Code, Country, Telephone Numbers, E-mail Address, Social Security Number, Date of Birth, Gender, Immigration Status, and Citizenship information.

\*Proof of immigrant or naturalized citizenship status must be shown in the Graduate Admissions Office when submitting this application. Copies of official documents are not accepted.

"The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus."

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

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:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> <div style="text-align: center;">             ____ -- ____              Month      Year           </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>

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: \_\_\_\_\_

**Applications must be signed and dated in order to be valid.**