

\*Non-CUNY only. If you attend another CUNY college, follow the CUNY permit procedures to attend Lehman

## APPLICATION FOR VISITING COLLEGE STUDENTS

COMPLETE AND RETURN THIS FORM TO LEHMAN COLLEGE, CUNY

**By e-mail:** Attn: Ms. Jennifer Kallicharan at [Jennifer.kallicharan@lehman.cuny.edu](mailto:Jennifer.kallicharan@lehman.cuny.edu)

**By fax:** 718-960-8712

**By mail:** Admission Office, 250 Bedford Park Boulevard West, Bronx NY 10468

PLEASE CHECK APPROPRIATE BOX:  UNDERGRADUATE  GRADUATE

Name: \_\_\_\_\_ Any Prior Name \_\_\_\_\_  M  F

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country (if non-USA) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Daytime phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

(Please provide **ACCURATE** telephone & email information so you may be contacted when your application is received)

I am applying for (*please check*):  Fall 200\_\_  Spring 200\_\_  Summer Session I  Summer Session II

### CHECKLIST:

- I am a student currently enrolled at \_\_\_\_\_ College/University.  
**AND**  I have attached a student copy of my (home) college transcript.

I would like to take the following course(s). **List next to each course how you satisfy any prerequisite for the course:**

Dept/Course No. \_\_\_\_\_ 4 digit code: \_\_\_\_\_ Section \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

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Dept/Course No. \_\_\_\_\_ 4 digit code: \_\_\_\_\_ Section \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

**APPLICATION FEE: \$60 for new visiting students, \$10 for returning students**

**TO PAY BY MAIL, GO TO THE LEHMAN WEBSITE: [www.lehman.cuny.edu/registrar/paymentform.html](http://www.lehman.cuny.edu/registrar/paymentform.html)**

**NOTE:** Non-matriculated students, including non-CUNY visiting students, are not eligible for financial aid at Lehman College

**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.**

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Immigration Status:
Country of Birth _____	<input type="checkbox"/> U.S. Permanent Resident _____ Alien Registration (I-551) card #
Country Of Citizenship _____	<input type="checkbox"/> Other _____ Specify type of visa

\*Proof of immigrant or naturalized citizenship status must be shown in the undergraduate 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:
____ -- ____ Month      Year	____ -- ____ Month      Year	_____
		_____
		City                      State              Zip Code
____ -- ____ Month      Year	____ -- ____ Month      Year	_____
		_____
		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: \_\_\_\_\_