



Office for  
Special Academic  
Sessions

Shuster Hall Room 182  
250 Bedford Park Blvd West  
Bronx, NY 10468

Phone: (347) 577-4022  
Fax: (718) 960-2419  
Email: [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu)

### VISITING STUDENT CHECKLIST

\_\_\_\_\_ Compile the information needed to apply as a Visiting Student:

\_\_\_\_\_ Completed *Application for Visiting College Students*

\_\_\_\_\_ Copy of your unofficial transcript

\_\_\_\_\_ Application fee by check or money order (\$65 for New Undergraduate Students, \$125 for New Graduate Student, and \$20 for returning students; will be billed to your account if you are submitting by fax or via email)

\_\_\_\_\_ Immunization Records (All students must complete Part I of the form; students seeking to enroll in 6 or more credits must complete the entire form. Additional information regarding this requirement can be found at: <http://www.lehman.edu/student-health-center/immunization-requirements.php>).

\_\_\_\_\_ Submit all application materials to the following address either in-person, by fax, by email, or by regular mail:

Lehman College  
Office for Special Academic Sessions  
Shuster Hall Room 182  
250 Bedford Park Boulevard West  
Bronx, NY 10468

Once received, applications are processed and students registered within 48 hours. The Office for Special Academic Sessions will obtain necessary approvals for courses and process student registrations.

Student will receive an email from the Office for Special Academic Sessions confirming their registration status and providing useful information regarding payment for classes, etc.



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## APPLICATION FOR VISITING COLLEGE STUDENTS

For NON-CUNY only. If you attend another CUNY college, follow the [CUNY permit procedures](#) to attend Lehman.

**COMPLETE AND RETURN THIS FORM TO LEHMAN COLLEGE**

By fax: 718-960-2419; by email: [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu), or by mail:

Office for Special Academic Sessions, 250 Bedford Park Boulevard West, Shuster 182, Bronx, NY 10468

**APPLICATION FEE: \$65 for new undergraduate students, \$20 for returning undergraduate students  
\$125 for new graduate students, \$20 for returning graduate students**

PLEASE CHECK APPROPRIATE BOX:  UNDERGRADUATE  GRADUATE  RETURNING

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 \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_ Email \_\_\_\_\_

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

I am applying for (*please check*):  Fall 20\_\_  Winter 20\_\_  Spring 20\_\_  Summer 20\_\_

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 satisfied any prerequisite for the course:

**(Please note: Visiting Students are not eligible to enroll in PSY 305: Experimental Psychology I)**

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

How did you hear about Lehman? \_\_\_\_\_

**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.**

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.

(Over)

**Proof of immigrant or naturalized citizenship status must be shown in the Office for Special Academic Sessions - Shuster Hall, Room 182 – upon request. Copies of official documents are not accepted.**

**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.	Self	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"/>

With which Country you most identify: \_\_\_\_\_

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

With which language are you most comfortable? \_\_\_\_\_

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:
_____ <small>Month    --    Year</small>	_____ <small>Month    --    Year</small>	
		<small>City                      State                      Zip Code</small>
_____ <small>Month    --    Year</small>	_____ <small>Month    --    Year</small>	
		<small>City                      State                      Zip Code</small>

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.*** I understand that non-matriculated (non-degree) students, including non-CUNY visiting students, are not eligible for financial aid at Lehman College.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# MEDICAL REQUIREMENTS

Completion of the Meningitis Response Section (Part 1) and  
MMR Immunization Records (Part 2) are required before registration.\*  
(intra-CUNY-transfer students should already have records in CUNY First)

Name: \_\_\_\_\_ EMPLID#: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

**Part 1- TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18**  
**MENINGOCOCCAL MENINGITIS.**

CHECK ONE (1) BOX ONLY (One dose within 5 years recommended by NYSPHL2167)

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. The vaccine record is attached.

**OR**

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis. \* **Meningitis Vaccine is not available at the health center.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 2 - TO BE COMPLETED, SIGNED, AND STAMPED BY YOUR HEALTH CARE PROVIDER OR**  
**Submit proof of immunizations (see reverse side for details)\***

M.M.R. (Measles, Mumps, Rubella) (Two doses given after 1/1/1973)

1. Dose 1 given at age 12 months or later..... Date: \_\_\_/\_\_\_/\_\_\_

2. Second dose given 28 days later & after 15 months of age... Date: \_\_\_/\_\_\_/\_\_\_

**OR**

3. Copy of Laboratory Report proving immunity must be submitted. (MMR Titer)

**OR**

Single immunizations (two measles, one mumps or one rubella (must have been given between 1-1-68 and 12-31-72).

Measles 1 Date \_\_\_/\_\_\_/\_\_\_

Measles 2 Date: \_\_\_/\_\_\_/\_\_\_

Mumps Date \_\_\_/\_\_\_/\_\_\_

Rubella Date: \_\_\_/\_\_\_/\_\_\_

**I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity.**

Physician signature **AND** stamp required \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Stamp: \_\_\_\_\_

Please return form to: Lehman College Student Health Center, Old Gym Bldg., Room B008  
250 Bedford Park Blvd. West Bronx, NY 10468 - Telephone: (718) 960-8900 - Fax: (718) 960-8909  
Email: med.requirements@lehman.cuny.edu

## **Medical Requirements**

*Meningitis and MMR Immunization Records are required before registration*

### **New York State Public Health Law 2167-Meningococcal Meningitis**

New York State Public Health Law 2167 took effect on August 15, 2003. It requires that all colleges inform their students about meningococcal meningitis and the meningitis vaccine. It further requires you to do the following:

#### **EITHER**

Provide documentation of meningitis vaccination within the last 5 years.

#### **OR**

Decline the meningitis vaccine by completing Part 1 (on the reverse side of this form) by checking the second box and providing your signature and the date.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms can include high fever, severe headache, stiff neck, and rash. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputations, and even death.

Meningitis is spread through the air via respiratory secretions such as coughing, sneezing, kissing or sharing personal items like utensils, cigarettes and drinking glasses. Certain college students, particularly freshman living in dormitories or resident halls, have been found to have an increased risk for meningitis.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States

—types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine, Menactra, is safe and effective and provides immunity for approximately 5 years. Meningitis vaccine is available at your primary care physician or visit [www.istm.org](http://www.istm.org) for clinic listings.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our health center and/or consult your physician. You can also find information about meningitis at: [www.health.state.ny.us](http://www.health.state.ny.us), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), or [www.acha.org](http://www.acha.org)

### **New York State Public Health Law 2165-Measles, Mumps, Rubella**

If you were born **after December 31, 1956 and plan to take 6 or more credits**, you are required by state law to prove you are immune to Measles, Mumps, and Rubella in order to attend college. Acceptable proof of immunity includes: your immunization card from childhood, immunization records from high school or colleges you attended, a print-out from the City- or State-wide Immunization Registry, or records from your doctor or clinic. If you do not have proof of immunizations, you must be re-immunized or have a blood test (MMR titer) to show your immunity to all three diseases (your lab report is required).

MMR vaccines are available at the Lehman College Student Health Center free of charge. Blood testing is also available but requires medical insurance. Medical waiver: Any student with a medical condition that prohibits vaccination may submit a doctor's statement on letterhead for exemption. (Temporary medical conditions, such as pregnancy, require blood titer clearance) Religious exemption: Any student whose religious belief prohibits vaccination must complete the CUNY Religious Exemption form. Exempted students will not be permitted on campus during a communicable disease outbreak.

**\* You do not need proof of vaccinations if you were born on or before December 31, 1956. However, you must complete Part 1 of the Medical Requirements form concerning meningitis.**