

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.)
 - _____ 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 or by mail:

Lehman College
Office for Special Academic Sessions
Shuster Hall Room 178
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.



Office for Special Academic Sessions	Shuster Hall Room 178 250 Bedford Park Blvd West Bronx, NY 10468	Phone: (718) 960-8036 Fax: (718) 960-2419 Email: Ronald.Banks@lehman.cuny.edu
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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, CUNY

By fax: 718-960-2419

By mail: Office for Special Academic Sessions, 250 Bedford Park Boulevard West Shuster 178, 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)

MEDICAL REQUIREMENTS

MENINGITIS RESPONSE SIGNATURE AND MMR IMMUNIZATION RECORDS
ARE REQUIRED PRIOR TO REGISTRATION.

Name: _____ SSN#: _____

Address: _____ CITY: _____
STATE _____ ZIP _____

Phone: (____) _____ Cell: (____) _____ DATE OF BIRTH: _____

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

MENINGOCOCCAL MENINGITIS.

CHECK ONE (1) BOX ONLY (One dose within 10 years recommended by NYSPHL2167)

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. The vaccination was administered on _____ DATE ____/____/____

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.

***For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics websites: www.istm.org The meningitis vaccine is *not* offered at the Lehman College Student Health Center.**

Signed: _____

Date: _____

Part 2 - TO BE COMPLETED, SIGNED, AND STAMPED BY YOUR HEALTH CARE PROVIDER.

Single immunizations (one mumps, one measles, or one rubella) must have been given after January 1, 1968.

Measles 1 Date ____/____/____

Measles 2 Date: ____/____/____

Mumps Date ____/____/____

Rubella Date: ____/____/____

OR

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

1. Dose 1 given at **age 12 months or later** Date: ____/____/____

2. Second dose given after 15 months of age Date: ____/____/____

OR

3. **Laboratory Report proving immunity must be submitted.** (MMR Titer)
(See reverse side for information)

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#: (____) _____

Return form to: Lehman College Student Health Center, T-3 Building Room 118
250 Bedford Park Blvd. West, Bronx, NY 10468 Telephone: (718) 960-8900 Fax: (718) 960-8909

Medical Requirements

*Meningitis Response Signature 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:

Complete Part 1 on the reverse side of this form indicating that you have received information about meningitis and the meningitis vaccine and **EITHER:**

Have been vaccinated against meningitis within the last 10 years (please submit date)

OR

Have decided **not** to obtain the vaccination.

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 10 years. Meningitis vaccine is available at your primary care physician or visit 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, www.cdc.gov/ncidod/dbmd/diseaseinfo, or 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.**