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Direct Admissions Form

Fall Spring Year 20_____ Freshman Application Fee \$65 Transfer Application Fee \$70

Date of Birth _____ Gender Male Female

CUNYfirst ID (if known) _____

Name _____
Last (family name) First Middle

Address _____
Number and street Apt. # City State Zip code

Day Phone Number _____ Email address _____

Intended Major(s) _____

High School(s) attended with dates of attendance _____

College(s) and/or universities attended with dates of attendance

Name of College/University	City and State	Dates of Attendance				Approx. No. of Credits Completed	Degree Awarded
		From		To			
		Month	Year	Month	Year		

How many years have you lived in New York City/State? _____

Were you born in the United States? Yes No If no, where? _____

If you are not a U.S. Citizen, you must provide the following information about your immigration status.

Permanent Resident-Alien Registration #A-_____ Date of entry on card _____

Visa (specify type) _____ Date obtained _____ Expiration date _____

Other (please specify) _____

The following questions are voluntary, and the information will be kept confidential. Refusal to provide this information will not affect your application.

Are you Hispanic/Latino? Yes No

From what country or part of the world did you or your family originally come? _____

You must sign this declaration:

I hereby certify that all the information on this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only. I acknowledged that I have reported my attendance at all postsecondary schools, whether or not I am requesting transfer credit. I understand that submitting fraudulent documents or omitting or falsifying information about my educational record may subject me to a five-year bar from CUNY.

Applicant's signature _____ Date _____

