

The City College  
of New York

Application for Admission to the Five-Year BS/MS Program in Chemistry

Semester for which admission is sought:

---

Name:

---

Address:

---

---

---

Email address:

---

Contact telephone number(s) **Cell:**

---

**Other:**

---

Will you apply for a teaching assistantship?

---

If you answered yes, date when you will  
take the GRE:

---

If you have taken the GRE:

Verbal score: %ile

Quantitative score: %ile

Analytical writing score: %ile

Birth Date (mm/dd/yyyy):

---

Gender:

Male  Female

Ethnicity Data:

Are you Hispanic or Latino?  Yes  No

American Indian or Alaskan Native

Asian

Native Hawaiian or Pacific Islander

Black or African American

White

I choose not to answer

Name of faculty member providing a  
reference letter:

---

I  waive  do not waive my right to  
access my reference letter provided by the  
faculty member:

Signature:

Date:

