Grove School of Engineering
Application for Admissions from within CCNY

This form is to be used by undergraduate degree students at the City College of New York who wish to major in a program offered by the Grove School of Engineering (GSoE).

ADMISSIONS CRITERIA

1. Satisfaction of all the GSoE’s Freshman admission requirements;
2. Overall cumulative GPA of 2.7 or better;
3. Minimum 2.5 GPA in college math and science courses, with none of these courses’ grades below C;
4. Completion of calculus with a C or better grade;
5. Demonstration of proficiency in math and science, as evidenced by transcripts;
6. Completion of 24 or more college-level credits.

ADMISSIONS QUIZ

CCNY students seeking admission to GSoE undergraduate programs must, at a minimum, meet these three conditions:

I. Have you passed all calculus courses with a grade of C or better? YES □ NO □

II. Is your overall GPA 2.7 or better in all course work taken at the college level? YES □ NO □

III. Is your college level math and science GPA 2.5 or better? YES □ NO □

Have you met all three of the above conditions? YES □ NO □

If your answer is “yes,” your application may proceed.

STUDENT SIGNATURE: __________________________________ DATE: _________________

DOCUMENT CHECKLIST

Please supply the following:
• Copies of transcripts from all colleges other than CCNY (stapled to this sheet)
• Personal and contact information (on the other side of this sheet)

PROCEDURE
If you are being advised by the Gateway Advising Center, this completed form and supporting documents should be submitted there (NAC 1/220). Others should submit it to the GSoE Office of Undergraduate Affairs (Steinman 209). Applications are reviewed each semester. You will be informed of the decision by the Office of Undergraduate Affairs after the review process has been completed.
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(Please print. Be sure to complete the other side of this form.)

INTENDED MAJOR: _________________________________________________

LAST NAME ________________________________________________________
FIRST NAME _________________________________________________________

STUDENT IDENTIFICATION NUMBER

STREET ADDRESS ______________________________________________________________________

CITY __________________ STATE _____ ZIP CODE ________________

TELEPHONE NUMBER: ___________________ CELLULAR PHONE NUMBER: ________________

CITY COLLEGE EMAIL ADDRESS: ________________________________

OTHER EMAIL ADDRESS: ___________________________________________

FOR OFFICIAL USE ONLY

Recommendation ____________________________________________

__________________________________________

Academic Decision __________________________________________

__________________________________________

Advisor’s name (please print) ____________________________ signature ____________________________

Ardie Walser, associate dean ____________________________ date ________________

Office of Undergraduate Affairs

April 11, 2011