

GENERAL APPLICATION TO SUMMER @ CITY

Address: Office of Admissions The City College of New York Wille Admin. Bldg. Room A-101 160 Convent Avenue, New York, NY 10031
Tel. 212 650-6977 Fax 212 650-6417 email: admissions@ccny.cuny.edu

Please check all that apply: Undergraduate _____ Graduate _____ Permit (CUNY) _____ Non-CUNY Visitor _____

Summer Session: Session X-Extended _____ Session 1 _____ Session 2 _____

SS # _____ (If you do not have a Social Security number, an ID # will be assigned by the Office of Admissions.)

Last Name _____ First Name _____ Middle Name _____

Address: _____
Street _____ Apartment _____

City _____ State _____ Zip _____ Day () _____
Telephone _____

Eve () _____
Telephone _____

Sex: M _____ F _____ Date of Birth: _____ / _____ / 19 _____
(mm / dd / yy) Email: _____

Have you previously attended The City College? Yes _____ No _____ If yes, from _____ to _____

Program of study (for Graduate Students only): _____

How long have you lived in New York State? Years ____ Months ____ Length of time at Current Address: Years ____ Months ____

Citizenship Status: U.S. Citizen: Yes _____ No _____ Country of Birth _____

Permanent Resident/ Alien Resident # _____ Date Issued _____

Other: Please specify type of visa _____

List schools previously attended:

High School: _____
Name _____ City State _____ Dates of Attendance _____

College: _____
Name _____ City State _____ Dates of Attendance _____

College: _____
Name _____ City State _____ Dates of Attendance _____

Degree received (if any) and date _____

Total number of credits completed at all schools _____

If you have applied to The City College for the upcoming Fall semester, please indicate:
Freshman _____ Transfer _____

Signature _____ Date _____

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