



CITY UNIVERSITY of NEW YORK
BROOKLYN COLLEGE -2201J

OFF-CAMPUS GRADUATE ADMISSION

FOR OFFICIAL USE

- UFED New
- UFTP Continuing
- UTPS Read-Admit

CUNYfirst EMPLID ID:

SOCIAL SECURITY #: - -

DATE OF BIRTH: / /
M M D D Y Y Y Y

SEMESTER: _____

COURSE: _____

INSTRUCTOR: _____

NAME _____
LAST FIRST MI MAIDEN

HOME ADDRESS _____
APT. #

CITY/BOROUGH/TOWN _____ STATE _____ ZIP _____

LENGTH OF TIME AT THIS ADDRESS: _____ E-MAIL: _____

HOME PHONE () _____ BUSINESS/CELL PHONE () _____

CITIZENSHIP STATUS: ARE YOU A CITIZEN? YES NO

IF NO, PLEASE STATE: COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

DO YOU HAVE PERMANENT RESIDENCY? YES NO

IF YES, PLEASE STATE: _____
ALIEN REGISTRATION CARD # DATE OBTAINED (MM/YY)

IF NO, PLEASE STATE: _____
TYPE OF VISA DATE OBTAINED (MM/YY) EXPIRATION DATE (MM/YY)

HAVE YOU EVER TAKEN A BROOKLYN COLLEGE GRADUATE COURSE BEFORE?

YES NO IF "YES", LAST ATTENDANCE WAS: _____ (SEMESTER / YEAR)

A new law requires that all students attending college in New York State and the City University of New York, must be vaccinated or prove immunity to measles, mumps, and rubella (German measles). STUDENTS WHO ARE NOT IN COMPLIANCE WITH THE LAW WILL NOT BE PERMITTED TO REGISTER FOR OR ATTEND CLASSES! To comply with the law you must complete and submit the attached immunization and meningitis certification forms.

I understand that failure to comply with the NYS law regarding immunization and meningitis will result in forfeiture of tuition and course credit.
Student Signature: _____ Date ____/____/____

Survey Data Participation in the survey below is voluntary, please check one.

- Black, non-Hispanic (2) White, non-Hispanic (1) Hispanic or Latino (4) Asian of Pacific Islander (5)
- American Indian or Alaskan Native (6) Other, please specify (7) _____

Email this form to: specialized@brooklyn.cuny.edu