



Graduate Application for Readmission

Mail the completed application to:

Lehman College
Office of Graduate Admissions
Shuster Hall, Room 150
250 Bedford Park Blvd. West
Bronx, New York 10468

Phone: 718-960-8777
Fax: 718-960-5860
Email: graduate.admissions@lehman.cuny.edu
Web: www.lehman.edu



PERSONAL INFORMATION

(Please type or print clearly; photocopy for your records before sending)

OFFICE USE ONLY			
<input type="checkbox"/>	GPA	_____	Date _____
<i>Graduate Studies Signature</i> _____			
<input type="checkbox"/>	Paid	_____	Date _____
<input type="checkbox"/>	Processed	_____	Date _____

Application for (check only one): Fall 20_____
 Spring 20_____
 Summer 20_____

Last Attended Lehman: _____ / _____ / _____

Program Previously Enrolled: _____

Program Adviser's Signature: _____

☐ Mr. ☐ Ms. ☐ _____ ☐ Dr.

LAST NAME	FIRST NAME	MIDDLE NAME	PREVIOUS NAME

If transcripts, test scores, or other supporting documents are under another name, please provide name (s).

MAILING ADDRESS	APT.	EMAIL ADDRESS (required)

CITY	STATE	ZIP	COUNTRY (if not U.S.A)

CELL PHONE <input type="checkbox"/> preferred phone contact	WORK PHONE <input type="checkbox"/> preferred phone contact	HOME PHONE <input type="checkbox"/> preferred phone contact
- -		

SOCIAL SECURITY NUMBER	DATE OF BIRTH mm/dd/yyyy	GENDER <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____

***Length of time at the above address:** _____ **Length of time in N.Y.C.:** _____ **Length of time in N.Y.S.:** _____

yy/mm yy/mm yy/mm

Are you a U.S. Citizen? ☐ Yes ☐ No

COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP

Immigration Status:

U.S. PERMANENT RESIDENT	Alien Registration (I-551) card number	OTHER: specify visa type

Proof of immigrant or naturalized citizenship status must be shown in the Office of Graduate Admissions when submitting the application for matriculation. Copies of official documents are not accepted.

***Important Notice for ALL STUDENTS:** To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident for 12 months prior to the date of your enrollment and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. This information will be used to determine eligibility for the New York State resident rate. **Failure to answer these questions will require you to complete the City University Residency Form.**

LAST NAME

FIRST NAME

PERSONAL INFORMATION

(Please type or print clearly; photocopy for your records before sending)

Have you been a New York State resident for the past 12 months? ☐ Yes ☐ No; If yes, please provide the month and year New York State residency began. _____

mm/yyyy

Did you file a New York State resident income tax return during the past twelve months? ☐ Yes ☐ No

Did you file a Federal income tax return during the past twelve months? ☐ Yes ☐ No

Is a language other than English spoken at home? ☐ Yes ☐ No

COUNTRY WITH WHICH YOU MOST IDENTIFY

LANGUAGE WHICH YOU ARE MOST COMFORTABLE SPEAKING

Check one in each column

Where were you and your parents born?	YOU	MOTHER	FATHER
United States: excluding Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC INFORMATION

Please list all Institutions attended since last enrolled in Lehman College

Name of Institution	Location: (city, state, country)	Period of Attendance: from (mm/yyyy) to (mm/yyyy)	Major	Degree (BA or BS)	Date Conferred

LAST NAME

FIRST NAME

CONTRACT FOR READMISSION:(Applications must be signed and dated in order to be valid)

Welcome back! Below are items that must accompany the application for readmission in addition to *the readmit policies set forth in the Lehman College Graduate Bulletin*. *It is important for you to review and understand the policies listed below.*

- Written approval for readmission from the advisor of the program you previously attended as a matriculated student.
- The application **fee of \$20.00** (cannot be waived or refunded).
- Enclose an official copy of transcript(s) from the institution(s) attended since last enrolled in Lehman College.
- All applications and supporting documents received by Lehman College become the property of Lehman College and cannot be photocopied, returned or sent elsewhere.
- The statements made in this application are true and complete and will be treated confidentially for institutional purposes only.
- Any omissions or misstatement in the application, however discovered may result in the voiding of my admission or registration and the receipt of no credit from Lehman College.
- If you wish to change to a different graduate program, you must file a new application for matriculation. Check with the Graduate Admissions Office for further instructions on this matter.

I have read the conditions of admission for readmission and understand the above requirements and policies.

SIGNATURE

DATE

ETHNIC INFORMATION (optional):

The information below is collected to meet research and federal reporting requirements. It is confidential and will not be released except in the form of statistical summaries in which individuals are not identified. This information has no bearing on either admissions or academic decisions.

☐ American Indian or Native Alaskan☐ Puerto Rican☐ Asian☐ White, Non-Hispanic☐ African American or Black, Non-Hispanic☐ Other: _____☐ Hispanic☐ I choose not to answer☐ Native Hawaiian or Pacific Islander