Undergraduate Reentry Application

Office of Undergraduate Admissions • Jefferson Hall, 1st floor
Queens College, CUNY • Flushing, New York 11367-1597

Read the instructions before filing. Please print.
Use this application only if you have previously attended Queens College as a matriculated student.

Application deadlines: Summer Sessions 1S and 1L, May 28; Summer Sessions 2S and 2L, June 25
(Note: Students dismissed from the college must file for reentry by April 14.)

Application for: (you must check one) □ Summer    □ Summer & Fall    Year _______ □ Day □ Evening

Name of Applicant

Social Security No. or Student ID No. __________________________ □ Male □ Female Date of Birth _______ Month Day Year

Address

Length of time at the above address _______ Yrs. _______ Mos. Length of time in New York State _______ Yrs. _______ Mos.

Mailing Address

(If different than above or local address for foreign students)

City State Country Zip Code

Day Telephone No. (  ) _______________________________ Evening Telephone No. (  ) _______________________________

Area Code Area Code

THE FOLLOWING MUST BE ANSWERED:

Are you a U.S. citizen? □ Yes □ No

If you are not a U.S. citizen, indicate your immigration status:
□ Permanent Resident Alien Registration # Date on Card □ Visa Specify Type Date Obtained Exp. Date

Permanent residents must bring their alien registration card and proof of one-year residency in New York State to the Admissions Office at least two weeks prior to registration. Failure to do so will result in a higher rate of tuition. No fee adjustments will be made during registration.

THIS SPACE FOR OFFICE USE ONLY

GPA ____________________ SEEK referral ______________ DIV ______________ GRP ______________

CAT ____________________ CARS referral ______________ RES ______________ BLCD ______________

TOPS ____________________ Clearance ______________ PROG ______________ CURRC ______________

Pending letter – date _____ Accepted – date ___________ Rejected – date _______

APPLICANT MUST COMPLETE BELOW – PRINT CLEARLY

Last Name ______________________________________________________________

First Name ___________________________ Middle Initial ___________________________

Address

Number and Street ___________________________ Apt. # ___________________________

Town or City ___________________________ State ___________________________ Zip Code ___________________________

Social Security/Student ID No. _______________________________________________________

PRINT NAME & ADDRESS BELOW – THIS FORM WILL BE USED FOR MAILING.

Name ___________________________ Address ___________________________ Apt. # ___________________________

Town ___________________________ State ___________________________ Zip Code ___________________________

Semester of admission ___________________________

□ Day □ Weekend □ SEEK

□ Evening □ ACE □ Other

Class standing ___________________________

THIS SPACE FOR OFFICE USE ONLY

Division _______ Bill Code _______

Admission Code _______ Group # _______

Major _______ Residency _______

Date of Birth _______ Prog. Code _______

Data entry date _______

Ethnicity _______ Country of Origin _______
The City University of New York (CUNY) reserves the right, because of changing conditions, to make modifications of any nature in the academic programs and requirements of CUNY and its constituent colleges without advance notice. Tuition and fees set forth in this publication are similarly subject to change by the CUNY Board of Trustees. CUNY regrets any inconvenience this may cause.

Queens College of the City University of New York does not discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, sexual orientation, transgender, disability, genetic predisposition or carrier status, alienage or citizenship, veteran or marital status in its student admissions, employment, access to programs, and administration of educational policies. The college reserves the right to deny admission to any student if, in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child-care center, a public school, or public school students on the campus. Inquiries should be directed to the Director of Affirmative Action Compliance & Diversity Programs, Queens College, 65-30 Kissena Blvd., Flushing, NY 11367-1597.

Last semester of registration at Queens College: □ Spring  □ Summer 1  □ Summer 2  □ Fall  Year ______

□ Matriculated  Date of Matriculation ________________________ Date of first attendance _______________________________________

Were you in the SEEK Program?  □ No  □ Yes  If yes, please contact the SEEK Committee on Scholastic Standing for approval to return or for release from the SEEK Program.

Did you earn a bachelor’s degree?  □ No  □ Yes  Name of Institution ________________________

Have you ever been dismissed for academic reasons from Queens College?  □ Yes  □ No

From any other college?  □ Yes  □ No

Have you ever been expelled from Queens College?  □ Yes  □ No

From any other college?  □ Yes  □ No

If you have attended another college since you left Queens College, please complete the following for each school attended:

<table>
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<tr>
<th>NAME OF INSTITUTION</th>
<th>DATES ATTENDED</th>
<th>CREDITS COMPLETED</th>
<th>DEGREE RECEIVED</th>
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CERTIFICATION: ALL APPLICANTS MUST SIGN HERE.

I declare that the information I have provided on this application is true and that I have not omitted or falsified any of the information requested.

Applicant’s Signature ________________________ Date ________________________

OPTIONAL SPECIAL NEEDS AND ETHNIC DATA SECTION

Response is voluntary, and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

Are you Hispanic/Latino?  □ Yes  □ No

Regardless of how you responded to the previous question, please indicate your race by selecting one or more options from the following categories:

□ American Indian or Alaskan Native  □ Asian  □ Native Hawaiian or Other Pacific Islander  □ Black or African American  □ White

From what country or part of the world did you or your family originally come?  Check the box next to the country with which you most identify:

□ (032) China–Mainland;  □ (148) China–Taiwan;  □ (170) Hong Kong;  □ (083) Korea;  □ (070) India;  □ (150) Thailand;
□ (178) Vietnam;  □ (121) The Philippines;  □ (075) Israel;  □ (113) Nigeria;  □ (139) South Africa;  □ (033) Colombi a;
□ (038) Cuba;  □ (045) Dominican Republic;  □ (046) Ecuador;  □ (065) Guyana;  □ (066) Haiti;  □ (077) Jamaica;
□ (117) Panama;  □ (185) Puerto Rico;  □ (153) Trinidad;  □ (160) England/Scotland/Wales;  □ (056) Germany;  □ (060) Greece;
□ (074) Ireland;  □ (076) Italy;  □ (122) Poland;  □ (158) Russia;  □ Other (specify) ________________________

Where were you and each of your parents born?  Check one in each column:

You  Mother  Father

□ Born in the United States, excluding Puerto Rico or U.S. Territories
□ Born in Puerto Rico or U.S. Territories
□ Born outside the United States

Are you a United States citizen?  □ Yes  □ No  If you are not a United States citizen, what is your:

Country of birth ________________________ Country of citizenship ________________________

Do you speak a language other than English at home?  □ Yes  □ No  If yes, with which language do you feel more comfortable?

□ English  □ Language other than English  □ Equally comfortable with both

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