Semester Applying For:

☐ Spring 20_

PHONE: 718-960-8713 FAX: 718-960-8712 www.lehman.edu



Institution

Please check the appropriate box:

UNDERGRADUATE APPLICATION FOR CERTIFICATE IN EARTH SCIENCE

☐ Fall 20____

The non-	-refundab	le applic	ation fe	ee is \$70.00 (check or money	order onl	y)	
Last Name	First Name			Middle Name	Prior I	Prior Name		
Mailing Address:							Apt:	
City:		State:	Zip Code:	Country	(if non-U.S.A.):			
Social Security Number: EMPL ID:				Gender:	Date of Birth:			
	(If applicable)			☐ Male	Month	/Day	/Year	
				☐ Female				
Telephone Number:	Alternate Telephone Numbe			er:	E-mail Address:	l Address:		
()	()							
Are you a U.S. Citizen? ☐ Yes ☐ No			Immigration Status:		*OFFICE USE ONLY*			
Country of Birth			☐ U.S. Permanent Resident			_		
Country Of Citizenship			Alien Registration (I-551) card #			D	ate Processed	
			□ Other			Initials		
			Specify type of visa					
You must submit official tr institutions below: (Attach					es you have atten	ded. Pleas	e list the	
Institution			F	From To	Degree	Type Date	e Earned	
Institution			F	From To	Degree	Type Date	e Earned	

To

From

☐ Please provide the official transcripts from all institutions attended & proof of your Bachelors and/or Masters Degree.

☐ I have included my \$70.00 application fee made out to Lehman College (check or money order only)

Degree Type

Date Earned

Proof of immigrant or naturalized citizenship status must be shown in the Undergraduate Admissions Office, Shuster Hall, Room 161, when submitting this application. Copies of official documents are not accepted.

Important Note 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 and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. A failure to answer these questions will require you to complete the City University Residency Form.

Where were you and each of your parents born? Check one in each column.		Self	Mother	Father		
Born in the United States, excluding Puerto Rico or U.S. Territories						
Born in Puerto Rico or U.S. Territories						
Born outside of the United States						
Country with which	h you most identi	fy:				
Is a language other	than English spo	ken at home? ☐ Yes	□ No			
With which langua	ge are you most o	comfortable?				
Have you been a N	ew York State re	sident for the past 12 n	nonths? Yes No			
If yes, please give	the month and year	ar New York State resi	dency began:		-	
Did you file a New	York City/State	resident income tax ret	turn during the past twelve	e months?)	
Did you file a feder	ral income tax ret	urn during the past two	elve months?	No		
	•	s during the past e sheet of paper if no	five years, starting tecessary).	from your current a	ddress and working	
FROM TO			COMPLETE ADDRESS:			
Month Year	Month	Year				
			City	State	Zip Code	
Month Year	Month	Year				
			City	State	Zip Code	
sexual orientation, any student if in its college community has about a student public school or pu	marital status, ali s judgment, the pr y. That judgment y's criminal record ablic school stude formation I have g	enage or citizenship statesence of that student of will be based on an includent and the particular circuits on the campus.	of age, sex, race, color, creatus, or veteran's status. To campus poses an undue dividualized determination rumstances of the college, on is accurate and complete elication fee is non-refundation.	The college reserves the right risk to the safety or secure taking into account any including the presence of the and will be treated confidence.	ght to deny admission to rity of the college or the information the college a child care center, a	
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