



APPLICATION FOR HIGH SCHOOL SUMMER PROGRAM

COMPLETE AND RETURN THIS FORM TO LEHMAN COLLEGE, CUNY

By fax: 718-960-2419

By mail: Office for Special Academic Sessions, 250 Bedford Park Boulevard West Shuster 178, Bronx, NY 10468

APPLICATION FEE: \$65 payable via cash, check, or money order.

Name: \_\_\_\_\_ Any Prior Name \_\_\_\_\_  M  F

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country (if non-USA) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_ Email \_\_\_\_\_

(Please provide CURRENT telephone & email information so you may be contacted when your application is received)

I am applying for: Summer 20\_\_

I am a student currently enrolled at \_\_\_\_\_ High School.

AND  I have enclosed a copy of my high school transcript.

AND  I have enclosed a copy of my SAT scores. Please provide PSAT scores if SAT scores not available.

I would like to take the following course. List next to each course how you satisfied any prerequisite for the course:

First Choice: Dept/Course No. \_\_\_\_\_ 4-5 digit class number: \_\_\_\_\_ Prerequisite: \_\_\_\_\_

Second Choice: Dept/Course No. \_\_\_\_\_ 4-5 digit class number: \_\_\_\_\_ Prerequisite: \_\_\_\_\_

Third Choice: Dept/Course No. \_\_\_\_\_ 4-5 digit class number: \_\_\_\_\_ Prerequisite: \_\_\_\_\_

Counselor Permission:

Student has permission to take any of the courses listed above at Lehman College.

\_\_\_\_\_  
High School Counselor's or Advisor's Signature

\_\_\_\_\_  
Date

How did you hear about the Summer Program at Lehman? \_\_\_\_\_

Note: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran's status. 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.

**Proof of immigrant or naturalized citizenship status must be shown in the Office for Special Academic Sessions -Shuster Hall, Room 178 - 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With which Country you most identify: \_\_\_\_\_

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

With which language are you most comfortable? \_\_\_\_\_

Have you been a New York State resident for the past 12 months?  Yes  No

If yes, please give the month and year New York State residency began: \_\_\_\_\_

Did you file a New York City/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

**List below all your addresses during the past five years, starting from your current address and working backwards: (Attach a separate sheet of paper if necessary).**

FROM	TO	COMPLETE ADDRESS:
_____ Month    --    Year	_____ Month    --    Year	
		City                                  State                                  Zip Code
_____ Month    --    Year	_____ Month    --    Year	
		City                                  State                                  Zip Code

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. ***I understand that the application fee is non-refundable.***  
 I understand that non-matriculated (non-degree) students, including non-CUNY visiting students, are not eligible for financial aid at Lehman College.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_