Lehman College / CUNY- (SDS) Application Form

EMPL ID: _____ **Date:** ____ / ____ / ____

Section 1: Personal Information

Date of Birth: ____ / ____ / ____ **SS#:** ____ - ____ - ____

Name: **First** _____ **M.** _____ **Last** _____

Gender: **Male** ☐ **Female** ☐

Email address: _____

Alternative Email address: _____

Address:	**Apartment #:**

City:	**State:**	**Zip Code:**

Cell Phone Number:	**Home Number:**	**Emergency Phone Number:**
- -	- -	- -

Preferred contact method: **Phone Call** ☐ **E-mail** ☐ **Mail** ☐

How do you travel to campus:
Access - A- Ride ☐ **Bus/Subway** ☐ **Car** ☐ **Walk** ☐ **Rail/Train** ☐

Are you registered to vote? **Yes** ☐ **No** ☐ **(Please see last page.)**

Have you ever been enlisted in any branch of the US military (active duty, veteran, national guard or reserve)? **Yes** ☐ **No** ☐

Are you a dependent of a veteran? **Yes** ☐ **No** ☐

Did your military experiences include traumatic or highly stressful experiences which continue to affect you?
Yes ☐ **No** ☐ **If yes, please describe below:**

Who referred you to our office?

- ☐ **A) Self**
- ☐ **B) Friend**
- ☐ **C) Family**
- ☐ **D) Faculty or Mentor**
- ☐ **E) Career Services**
- ☐ **F) Campus Life**
- ☐ **G) Student Health Center**
- ☐ **H) Counseling Center**
- ☐ **I) Office of SDS at another College**
- ☐ **J) Dean**
- ☐ **K) SEEK**
- ☐ **L) FYI seminar**
- ☐ **M) High School Advisor**
- ☐ **N) Academic Advisement**
- ☐ **O) Veterans**
- ☐ **P) Other...** _____

Section 2: Disability-Related Information

Do you have a diagnosed and documented disability? Yes ☐ No ☐

Do you have multiple disabilities? Yes ☐ No ☐

If yes, please check all that apply:

ORTHOPEDIC

- ☐ **Wheelchair User**
- ☐ **Other Assistive Devices (Braces, Crutches, Cane, Prosthesis)**
- ☐ **Other Orthopedic (No Devices)**
- ☐ **Other Mobility Limitation (Includes Asthma, Heart, kidney, CP, Spinal Surgery)**
- ☐ **Hand Dysfunction**

VISUAL

- ☐ **Totally Blind**
- ☐ **Legally Blind**
- ☐ **Visually Impaired (NOT legally blind)**

HEARING

- ☐ **Deaf**
- ☐ **Hard of Hearing**

OTHER

- ☐ **Speech**
- ☐ **Psychological**
- ☐ **Substances Abuse**
- ☐ **Learning Disability**
- ☐ **Aspergers or Autism**
- ☐ **ADD or ADHD**
- ☐ **Traumatic Brain Injury (TBI)**
- ☐ **Temporary**

Specify if not listed above: _____

Do you have a medical doctor or physician? Yes ☐ No ☐

Name: _____ **Phone:** _____

Do you have a therapist/psychiatrist? Yes ☐ No ☐

Name: _____ **Phone:** _____

Are you currently taking any medications to treat any disability or medical condition indicated above?

Section 3: DEMOGRAPHICS

Note: This information is being requested for statistical and grant/scholarship purposes only.

Race/Ethnicity (PLEASE CHECK):

- ☐ **African American/Black**
- ☐ **American Indian /Alaskan Native**
- ☐ **Caucasian /White**
- ☐ **Hispanic/Latino-a**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **Multiracial**
- ☐ **Prefer not to answer**
- ☐ **Other**

Is either your mother or your father a college graduate? Yes ☐ No ☐

If yes, do your parents have a: AA ☐ BA ☐ MA ☐ Higher degree ☐

Are you a: U.S. citizen? Yes ☐ No ☐ -or- Legal Resident? Yes ☐ No ☐

Are you an international student? Yes ☐ No ☐

If you were born outside of the U.S. please indicate where: _____

What is your first language? _____

Section 4: ENROLLMENT STATUS

Are you an/a: Undergraduate ☐ Graduate ☐

If you are a <u>GRADUATE</u> student skip to Page 4, Section 6.

Section 5: ACADEMIC INFORMATION: for <u>Undergraduate</u> students only

Current Academic Status:

- ☐ **Freshman (0 – 30 credits)**
- ☐ **Sophomore (31 - 60 credits)**
- ☐ **Junior (61 – 90 credits)**
- ☐ **Senior (91 – or more credits)**
- ☐ **2nd Degree**
- ☐ **Non-Matriculate**
- ☐ **H.S. student taking college classes**

Registration status:

- ☐ **Full time (12+ credits)**
- ☐ **Part-time (Under 12 credits)**
- ☐ **Non-matriculated**
- ☐ **Continuing Education**

Are you currently on Academic Probation? Yes ☐ No ☐

Have you ever been dismissed from Lehman? Yes ☐ No ☐

Are you a transfer student? Yes ☐ No ☐

If you are a transfer student, where did you transfer from? _____

If you are a transfer student, did you receive accommodations at your former institution? Yes ☐ No ☐

If yes, what accommodations did you receive? Please describe below:

What is your current GPA? **Number of credits completed:**

Which type of degree are you currently pursuing?

B.A. **B.S.** **B.F.A** **B.A. /M.A.** **Certifícate Program**

Major:

Check box if undecided on the major:

Are you connected to any of these special campus programs?

- **The Adult Degree Program**
- **Teacher Academy (Trio Grant)**
- **The Lehman Scholars program**
- **CUNY Baccalaureate**
- **Interdisciplinary and Interdepartmental Programs**
- **Lehman Center for Students Leadership Development**
- **Individualized Bachelor of Arts**
- **Second Undergraduate Degree Program**
- **Urban Male Leadership Program**
- **Macaulay Honors College**
- **College Now Program**
- **Other:** _____

Section 6: ACADEMIC INFORMATION: for Graduate students only

Note: If you're a Graduate student please complete this section.

Which type of degree are you currently pursuing?

- **Master of Arts (M.A.)**
- **Master of Science (M.S.)**
- **Master of Science in Education (M.S.Ed.)**
- **Master of Arts in Teaching (M.A.T.)**
- **Master of Fine Arts (M.F.A.)**
- **Master of Public Health (M.P.H.)**
- **Master of Social Work (M.S.W.)**
- **Doctoral Degree (Ph.D.)**

Area of study:

Other graduate or professional degree type, please describe:

What is your current GPA? **Number of credits completed:**

Section 7: ASSISTIVE TECHNOLOGY and ALTERNATIVE TEXTBOOKS

What assistive technology software do you use? (Please check all that apply. If none, please skip to next section.)

- **None**
- **Read & Write Gold**
- **JAWS**
- **ZoomText**
- **Kurzweil 1000**
- **Kurzweil 3000**
- **Dragon NaturallySpeaking**
- **Other**

What assistive technology hardware do you use? (Please check all that apply.)

- ☐ CCTV
- ☐ Victor Reader
- ☐ Handheld Magnifier
- ☐ Handheld/Portable CCTV
- ☐ Tape Recorder
- ☐ Large Print Keyboard
- ☐ Livescribe Smartpen
- ☐ None

What are your preferred alternate textbook formats? (Please check all that apply.)

- ☐ Microsoft Word (E-text)
- ☐ Adobe Acrobat PDF (E-text)
- ☐ Learning Ally (DAISY Audio)
- ☐ Large print

Section 8: AGENCY INFORMATION

Sponsorship (check all that apply):

ACCES-VR ☐ CBVH ☐ SEEK ☐ VA ☐ Other ☐

Are you a CUNY LEADS Student? Yes ☐ No ☐

LEADS counselor's name: _____ **Number:** _____

ACCES-VR counselor's name: _____ **Number:** _____

CBVH counselor's name: _____ **Number:** _____

SEEK counselor's name: _____ **Number:** _____

Section 9: FINANCIAL INFORMATION

Have you completed the FAFSA application for the current year? Yes ☐ No ☐

Have you completed the TAP application for the current year? Yes ☐ No ☐

Are you receiving any of the following:

- ☐ Social Security Disability (SSDI)
- ☐ Social Security Insurance (SSI)
- ☐ Veteran's Benefits

If yes, how much do you receive monthly: ☐

How do you plan to pay for your tuition/books? (Check all that apply.)

- ☐ Pell–Federal
- ☐ TAP
- ☐ Loan
- ☐ ACCES-VR
- ☐ CBVH
- ☐ Veterans
- ☐ Social Security
- ☐ Employer/1199
- ☐ Do not know
- ☐ Other, please explain: _____

Section 10: LIFESTYLE/SUPPORT NETWORK

Please estimate the number of hours per week you are actively involved in organized extra-curricular activity (e.g., sports, clubs, student government, etc.):

If any, please describe the activity in the space provided below:

What is the average number of hours you work per week during the school year (Paid employment only)?

How would you describe your financial situation right now?

- ☐ **Always stressful**
- ☐ **Often stressful**
- ☐ **Sometimes stressful**
- ☐ **Rarely stressful**
- ☐ **Never stressful**

Where do you currently reside?

- ☐ **Lehman Residence Hall/Apartment**
- ☐ **Off campus apartment/House**
- ☐ **Other (please specify):** _____

With whom do you currently live?

- ☐ **Alone**
- ☐ **Spouse, partner, or significant other**
- ☐ **Roommate (s)**
- ☐ **Family other (i.e. mother, father, sister, EST.)**
- ☐ **Other (please specify):** _____

Is there anything else you would like to tell us? Please use the space below:

PLEASE PRINT & SIGN YOUR NAME

_____

PRINT

_____ / /

SIGN **DATE**

LEHMAN COLLEGE

Student Disability Services
Shuster Hall Room 238
disability.services@lehman.cuny.edu
(718) 960-8441

What's Your Experience?

Name:		**Date:**	

Please check the following areas where you feel you experience the most significant barriers/challenges to achieving your academic goals? This initial information will assist our staff in guiding the conversation.

Test-Taking	☐ Multiple Choice ☐ Essay	☐ Reading Questions	☐ Writing Out Answers	☐ Finishing On Time
In Classes	☐ Course Attendance	☐ Note-taking	☐ Listening/Focus	☐ Speaking
Class Assignments	☐ Papers	☐ Presentations	☐ Group Projects	☐ Lab Projects
Homework	☐ Reading/ Comprehension	☐ Writing/Typing	☐ Research	☐ Short-term Memory
Under Time Constraints	☐ Time Management	☐ Short-term Deadlines	☐ Long-term Deadlines	☐ Feeling Anxious
Online	☐ Reading Online Content	☐ Viewing Videos	☐ Participating In Chats	☐ General Accessibility
Other	☐ Housing	☐ Social Interactions	☐ Computer Use	☐ Campus Community
Courses Most Challenging	☐ Math ☐ Reading	☐ Writing	☐ Science	☐ Foreign Language
Other Comments Or Campus Barriers Not Yet Mentioned? (Optional)				
Technology You Own? (Check All)	☐ PC ☐ PC Laptop ☐ Mac ☐ Mac Laptop ☐ iPhone ☐ iPad ☐ Android Phone ☐ Android Tablet ☐ Dragon ☐ Kurzweil ☐ Smart Pen ☐ Audio Recorder ☐ Other: _____			

Are you interested in learning about apps or other technology that may help you in your academic work?	☐ Yes	☐ No	If yes, please specify:

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

□ **YES** (If you check yes, please complete VOTER REGISTRATION APPLICATION at bottom of page)
□ NO because I choose not to register OR
□ I am already registered at my current address OR
□ I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

_____ ____/____/____
(Signature) (Date)

_____
(Please Print Name)

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

NVRA-05 (07/2012)

VOTER REGISTRATION APPLICATION (instructions on back)

□ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** □ Yes, I would like to be an Election Day worker

1	Are you a U. S. citizen? Yes □ No □ If you answered NO, do not complete this form.	**2**	Will you be 18 years old on or before election day? Yes □ No □ If you answered NO, do not complete this form unless you will be 18 by the end of the year.	**For Board use only!**
3	Last Name First Name Middle Initial Suffix			
4	Address where you live (do not give P.O. address) Apt. No. City/Town/Village Zip Code County			
5	Address where you get your mail (if different from above) P.O. Box, star route, etc. Post Office Zip Code			
6	Date of Birth	**7**	Sex (circle) M F	**8** Home Tel. Number (optional)
10	The last year you voted / In county/state		Your Address was (give house number, street and city) / Under the Name (if different from your name now)	
9	ID Number—Check the applicable box and provide your number: □ New York DMV number __ __ __ __ __ __ __ __ __ If you do not have a New York DMV number, please provide: □ Last four digits of your Social Security Number __ __ __ __ □ I do not have a New York Driver's license number			

11 **Choose a party** -- Check one box only
□ Democratic Party
□ Republican Party
□ Conservative Party
□ Working Families Party
□ Independence Party
□ Green Party
□ Other (write in) _____
□ I do not wish to enroll in a party

12 **AFFIDAVIT:** I swear or affirm that
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

→ _____
(Signature or Mark in Ink) (Date)

(Optional) Register to donate your organs and tissues

Last Name_____
First Name_____
Middle Initial _____ Suffix _____
Address _____
Apt Number_____ Zip Code _____
City_____
Birth Date _____ Sex □ M □ F
Eye Color _____ Height___ Ft.___In.

By signing below, you certify that you are:
- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

_____
Sign Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay-check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to *Verifying your identity* above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.