LEHMAN COLLEGE

THE CITY UNIVERSITY OF NEW YORK OFFICE OF CONTINUING EDUCATION

APPLICATION FOR ADMISSION TO THE CERTIFICATE PROGRAM IN_____

Complete (type or print) the entire form (both sides). Return with the required $$25\mathrm{m}$$ order) made payable to Lehman College.	on-refundable application fee (check or mone
Soc. Sec. #: Check: Semester	Desired: Fall20
	Spring 20 Summer 20
	Summer 20
Last Name First N	ame
	M.I. N
Birth Date: MonthDayYear Sex: M or F U.S. Citizen: Y or N	Maiden Name
Permanent Address	Apt. #
City State Zip Code	
Home Phone Number Business Phone Numb	er
Have you attended a Lehman College Program? Yes () No () Program	
EDUCATION: LIST ALL COLLEGES OR EDUCATIONAL INSTITUTIONS ATTEND	DED
COLLEGE DATES MAJOR	DEGREE/COMPLETED UNITS
HIGH SCHOOL	YES()
HIGH SCHOOLCITY	STATE NO() OR GED
DATE OF DIPLOMA (MONTH & YEAR)	
• THE APPLICANT IS HELD RESPONSIBLE FOR HAVING AN OFFICIAL TRAN EDUCATIONAL INSTITUTIONS ATTENDED.	ISCRIPT SENT FROM <u>ALL</u> COLLEGES AND
WORK EXPERIENCE (LIST MOST RECENT FIRST)	
ORGANIZATION DATES	POSITION HELD

(Please turn over)

In the space below please wri additional relevant information reviewing your application.	ite a statement of 200 words presenting your reasons for wanting to on about your background and personal qualifications that you wou	o be admitted to this program. Include any ald like the Program to take into account in	y 1
SIGNATURE OF APPLICA I hereby certify that all the ab	NT DA ove information is correct and complete.	ATE	
Lehman College does not dis students.	criminate on the basis of race, color, religion, sex, national origin,	age, or disability, in the admission or state	us of
Return Application to:	Lehman College	OFFICE USE ONLY	
resum ripphounon to.	Office of Continuing Education	Fee Paid:	
	250 Bedford Park Blvd. West, Carman Hall, Room 129 Bronx, NY 10468-1589 Att: Maryann Drago-Dowling, Registrar	Transcripts Received	