Lehman College – Graduate Application for Readmission

ENROLLMENT INFORMATION

For Term: [   ]   For Year: [   ]

Program: [   ]

PERSONAL INFORMATION

EMPL ID: [   ]   Last 4 digits Social Security Number: [   ]

Last Name: [   ]   First Name: [   ]

Middle Name: [   ]   Preferred Name: [   ]

Previous Name on Supporting Documents, if Different: [   ]

What is your date of birth? [   ]

Current/Mailing Address:

Street: [   ]   Apartment: [   ]

City: [   ]   State: [   ]   Zip: [   ]   Country: [   ]

Is your Residential/Home Address different from your Mailing Address?*   ☐ Yes   ☐ No

If yes, Please enter below:

Residential/Home Address:

Street: [   ]   Apartment: [   ]

City: [   ]   State: [   ]   Zip: [   ]   Country: [   ]

Email [   ]

Mobile Telephone [   ]

Mailing Address Telephone [   ]

Work Telephone [   ]

Please indicate your preferred contact:

☐ Mobile Telephone   ☐ Mailing Address Telephone   ☐ Work Telephone

*Important Notice 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 for 12 months prior to the date of your enrollment and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. This information will be used to determine eligibility for the New York State resident rate. Failure to answer these questions will require you to complete the City University Residency Form.

Length of time in New York State: [   ] years [   ] Months

Length of time in New York City: [   ] years [   ] Months

Length of time at Current Address: [   ] years [   ] Months

Lehman College – Graduate Application for Readmission

CITIZENSHIP

COUNTRY OF BIRTH _____   COUNTRY OF CITIZENSHIP _____

CURRENT CITIZENSHIP STATUS _____

IMMIGRATION STATUS _____

Are you a U.S. Permanent Resident (Green Card Holder)?   ☐ Yes   ☐ No

Alien Registration (I-551) card number (Green Card number) _____

OTHER: specify visa type _____

Proof of immigrant or naturalized citizenship status must be shown in the Office of Graduate Admissions when submitting the application for non-degree. Copies of official documents are not accepted.

ETHNICITY

The information below is collected to meet research and federal reporting requirements. It is confidential and will not be released except in the form of statistical summaries in which individuals are not identified. This information has no bearing on either admissions or academic decisions.

Are you Hispanic/Latino   ☐ Yes   ☐ No

Race/Ethnicity (check all that apply):

☐ American Indian or Native Alaskan   ☐ Puerto Rican

☐ Asian   ☐ White, Non-Hispanic

☐ African American or Black, Non-Hispanic

☐ Hispanic   ☐ Other: _____

☐ Native Hawaiian or Pacific Islander

☐ I choose not to answer

Lehman College – Graduate Application for Readmission

ACADEMIC HISTORY

Have you attended any colleges or universities after your last semester of enrollment at Lehman College?*   Yes   No

ACADEMIC INFORMATION SECTION

Please enter information for all colleges or universities attended after your last semester of enrollment at Lehman College.

College University 1

College/University:

City: State: Country:

Dates Attended From: To:

Major:

Degree: Degree Anticipated/Degree Conferred:

College University 2

College/University:

City: State: Country:

Dates Attended From: To:

Major:

Degree: Degree Anticipated/Degree Conferred:

College University 3

College/University:

City: State: Country:

Dates Attended From: To:

Major:

Degree: Degree Anticipated/Degree Conferred:

Lehman College – Graduate Application for Readmission

VETERANS STATUS

Are you currently serving or have served in any branch of the U.S. Armed Forces?*   Yes   No

Proof of Service Documents: DD-214, Current Military ID, or Deployment/Pre-separation orders.

Are you a dependent or spouse of an active service member or veteran receiving benefits?*   Yes   No
If yes, submit supporting documents: COE, DoD Employee card, Grants, Scholarship
documentation.

Are you an active service member, veteran, or dependent who has exhausted / not receiving VA   Yes   No
benefits?*

STEPS TO COMPLETE YOUR READMISSION TO LEHMAN

Applicants must submit **official transcripts from all colleges and universities attended** since their last

semester at Lehman. Transcripts should be sent via a **digital credential service**

(Parchment, E-Transcript, National Student Clearinghouse) directly to:

graduate.admissions@lehman.cuny.edu.

If electronic delivery is not available, have your school mail sealed official transcripts to:

Lehman College – Graduate Admissions (SH-161)
250 Bedford Park Blvd West
Bronx, NY 10468

Mailed transcripts must be sent directly from the issuing institution.

SIGNATURE STATEMENT

By submitting your application, you certify the following:

All information and supporting documents (transcripts and diplomas) are a**ccurate and complete**.

You understand that submitting fraudulent materials or omitting part of your educational history may result in
a **five-year ban from CUNY.**

You must report all colleges or universities attended after your last semester of enrollment at Lehman
College.

All documents submitted become the **property of CUNY** and will **not be returned**.

The **application fee is non-refundable** under any circumstances.

Lehman College reserves the right to deny admission if an individualized assessment determines a student's
presence poses a **safety or security risk** to the campus community (e.g., due to criminal history or the
presence of minors on campus).

For more information, review the official **CUNY Admissions Fraud Policy** (PDF).

Applicant Signature   Date: mm/dd/yyyy

Lehman College – Graduate Application for Readmission

FINAL INSTRUCTIONS

Email your readmit application to **valerie.brown@lehman.cuny.edu** for department approval. Should you be readmitted, the admissions team will provide you with information regarding registration and   enrollment.

FOR PROGRAM DIRECTOR/ADVISOR ONLY

Please return the form signed and dated to **valerie.brown@lehman.cuny.edu**

Admit:

Deny:

Program Director/Advisor signature   Date: mm/dd/yyyy