Please Sign and Date

I hereby certify that all the information in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only. I understand that submitting fraudulent documents or omitting or falsifying information about my educational record may subject me to withdrawal from classes and/or disciplinary charges.

Signature______________________________

Date:________________________

Visit our web site for the latest news, schedule of classes, registration information, distance learning courses, and more. www.bmcc.cuny.edu

For Students Not Pursuing a Degree at BMCC

Important Information
Please Read Before Filling Out This Application

- A $65 application fee will be applied towards your tuition bill upon the completion of the registration process. No fee will be required at the time of submission of this application.
- NON-DEGREE STUDENTS ARE NOT ELIGIBLE FOR FINANCIAL AID.
- If you have been academically dismissed from any prior college, you will not be admitted.
- If you have taken courses at another college, you must present your most recent transcript (official or student copies are acceptable). You must have a GPA of 2.0 or above from the last school that you attended.
- If you are seeking to register for a Math or English course, you will either be required to take the CUNY Skills Assessment Test or prove that you are exempt from it. Please visit www.bmcc.cuny.edu/testing or the Testing Office (212-220-8085) in Room S103 for appointments prior to registration.
- All non-degree students are required to present proof of residency to secure the NYC resident tuition rate. (Residency information can be located at http://www.bmcc.cuny.edu/admissions/afteradmitted-residency.jsp). You must notify the Office of Admissions, Room S310, of any change to your residency status.
- All students must be in full compliance with NY State immunization requirements. For students born after 1956, both NYS Health Law 2165 (Measles, Mumps, and Rubella) and NYS Health Law 2167 (Meningitis) requirements must be met completely. Without this you will not be able to register for classes. You can download the immunization clearance form from BMCC’s website http://www.bmcc.cuny.edu/health-services or visit the Health Services office in Room N380.
**Student Information (Complete all information and print clearly)**

Term/Semester Applying to BMCC:
- Winter 20___
- Spring 20___
- Summer 20___
- Fall 20___

SS#/Student ID# ____________________ -- ____________ -- ____________

CUNYfirst EMPL ID# __________________________________________

First Name: ___________________ MI: __ Last Name: ________________

Any prior last name used: __________________________________________

Current Address: ___________________________ Apt#: __________

City: __________ State: _______ Zip: __________ - ______

Current Phone# (_____) ____________________________

Email Address: ____________________________

Gender:  □-Male  □-Female

Date of Birth: (mm/dd/yyyy) __________/__________/___________

**Academic Background**

Are you a High School Graduate or GED holder?  □ Yes  □ No

Have you attended BMCC in the past?  □ Yes ($20 readmit fee)  □ No ($65 application fee)

Cumulative GPA of last School: __________(GPA must be 2.0 or above)

If Yes, provide name of most recent college: __________________________

State: __________  Date of Most Recent Attendance: ________________

**Citizenship**

Are you a US citizen?  □ Yes  □ No

Country of Citizenship: __________________________

If No, What is your current immigration status? __________________________

(Please provide documentation of current status)

Are you an international student (F-1)?  □ Yes  □ No

If Yes, please provide copies of all previous I-20’s and fill out I-20 waiver form.

**Personal Data**

The response to the questions below is voluntary, and the information will be kept confidential.

Which category describes you best?

□- Black, non-Hispanic

□- White, non-Hispanic

□- Hispanic

□- Asian or Pacific Islander

□- American Indian or Native Alaskan

□- Other – please specify __________________________