I attest that the information provided on this application is accurate and completed to the best of my knowledge. I understand that falsified information may affect my registration and/or admissions status.

Signature___________________________________________
Date:______________

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

www.bmcc.cuny.edu
Rev. Feb 2014

(For Office Use Only)

Entered in CUNYfirst □-Yes □-No
Date Entered _____/_____/_____
Placed On Email List □-Yes □-No
Assigned BMCC Student ID# ________-______-______

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 in Room N769 for appointments prior to registration. The office number is (212) 220-8085.
- All non-degree students are required to present proof of residency to secure the NYC resident tuition rate. Please 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 and submit it to the Health Services office in Room N380.
Term/Semester Applying to BMCC:
- Winter 20____
- Spring 20____
- Summer 20____
- Fall 20_____  

SS#/Student ID#__________________

CUNYfirst EMPL ID#____________________________________

First Name: _______________ MI:___ Last Name: ______________________

Current Address: ____________________________ Apt#:__________

City: __________________ State: ___________ Zip:______________________

Current Phone# (______)___________________________

Email Address: ________________________________

Gender:  ☑-Male  ☑-Female

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

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?  ☑Yes  ☑No

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

Which category describes you best?
- Black, non-Hispanic
- White, non-Hispanic
- Hispanic
- Asian or Pacific Islander
- American Indian or Native Alaskan
- Other – please specify _____________________

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