

BROOKLYN



COLLEGE

The Division of Graduate Studies

STATUS CHANGE

THIS APPLICATION APPLIES TO:

Provisional or non-degree graduate students applying for matriculation status

(Students changing to matriculated status may be required to submit additional documents to satisfy program requirements.)

NOTE: If your original application was filed more than 2 years ago, you may be required to complete a new application and submit all documents, including official transcripts, letters of recommendation; etc.

PERSONAL INFORMATION:

Social Security #: _____ Female: _____ Male: _____

First name: _____ Middle Initial: _____

Last name: _____ Date of Birth: _____
(MM/DD/YY)

Mailing address: _____

City

State

Zip Code

Telephone: _____
Home number Mobile number

E-mail address: _____

My intended department and degree program is:

Program

Code

Effective Semester & Year

I hereby certify that all the information given in this form is accurate and complete. I understand that all the information contained in this form will be treated confidentially and will be used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until the Office of Graduate Admissions receives all the necessary documents. In addition, I understand that previous acceptance to one program does not guarantee acceptance to a new program.

Student's signature

Date

Office of Admissions

Brooklyn College of The City University of New York
2900 Bedford Avenue • Brooklyn, New York 11210-2889 • Telephone (718) 951-5001 • Fax (718) 951-4506