

Note: Fill out this form if you would like to change your first choice from another CUNY College to Brooklyn College.

Please complete all information requested. PRINT CLEARLY.

Date ____/____/2020

Which application did you submit to CUNY? First-year Transfer CUNY EMPLID _____

Sex: Male Female What is your gender identity? _____

Last four digits of Social Security Number _____ Date of Birth (Month/Day/Year) ____/____/____

Last Name _____ First Name _____

Street Name _____

City _____ State _____ Zip Code _____

Evening Telephone _____ Daytime Telephone _____

Email address: _____

Name of CUNY College you were accepted to: _____

Which semester were you accepted: Circle Spring Fall Year 20_____

Signature _____ Date _____

**Please complete this form and return it to:
The Admissions Office, 222 West Quad Center, 2900 Bedford Avenue, Brooklyn, New York 11210**

Please do not write below this line

Proficiency Subject	Y=Yes or N=No
Math	
English (Reading and Writing)	

Semester _____ Approve _____ Deny _____

Comments: _____

Signature _____ Date entered on student's record _____