

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.

Which application did you submit to CUNY? **Freshman** **Transfer**

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

Male **Female**

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: **Spring** **Fall** **Year 20** _____

Signature _____ Date _____

Do not write below this line

_____ English _____
 _____ For Langl _____
 _____ Math _____
 _____ Science _____
 _____ Soc Stud _____
 _____ For Langl _____
 _____ Fine Arts _____
 _____ Total Units _____
 Index: _____
 _____ CA/GED _____
 SAT-M _____ V _____
 CRE _____ GPA _____
 Skills Test: Math _____
 Read _____

Freshman Transfer
 High School/Grad Date _____ / _____
 HS SIMS-ETS Code _____
 College Leave Date _____
 College SIMS-ETS Code _____
 Original Allocation/Code/Phase _____
 College Allocation Code _____
 Accept Accept Conditional
 Accept on Appeal Not Eligible

 Admission Office Authorized Signature

 Date _____

Division Code: _____
 Billing Code _____
 Admissions Code _____
 Group Code _____
 Program Code: RA
 SIMS entered by _____
 Student Package entered by _____
 Date: _____
 Student package sent _____
 Date: _____
 STOP code: _____
 Residence Code _____
 Ethnicity Code _____