

Undergraduate Non-Degree Application Form

--International J-1 Student Visitor--

INFORMATION

Semester Applying for: (please print neatly)								
		CLIMMED.	VE	A D	6 DM D		D (B)	
□ FALL	□ SPRING	☐ SUMMER	T EA	4K	Sex: □ Male □ F	-emale	Date of Birth	Month/Date/Year
Last Name			First	Name	Mid	dle Name		_
HOME	ADDRESS							
House Nur	mber and Street	: Name						Apartment #
City				S	tate/Province		Postal Code	
Country								
Length of t	ime at the abov	e address (Mor	nths ar	nd Years)?				
Telephone	Number(s)							
Evening					Day			
Email Addre								
Are you a l	United States C	itizen?	Yes	□ No	(If No, then please	e complete the DS	2019 Application)	
Country of	f Birth				Country of Citize	nship		
INSTIT	UTIONAL	INORMAT	ΙΟΙ	1				
Are you cu	irrently a studei	nt at a college,	univer	sity, or instit	ution of higher education o	utside the United S	States?	□No
What is the	e name of your	home institutio	n of h	igher educati	ion, college, or university? _			
Who is the	e contact perso	n at your home	institi	ution? Name		Position	:	Email:
Will the cr	edits you earn a	at Brooklyn Co	llege c	count toward	or be transfered to your d	egree at your hom	ne institutions?	
What is yo	ur major or foc	us of study?						

Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.

EDUCATIONAL HISTORY High School(s) Attended School Name Address Date Entered Date Left Graduation Date Universities, Colleges or Other Post-Secondary Schools Attended School Name Address Date Entered Date Left Graduation Date School Name Address Date Entered Date Left Graduation Date I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and 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 all the necessary documents are received by the Office of Undergraduate Admissions.

Signature of Applicant

Date

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