



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK

OFFICE OF ADMISSIONS
300 JAY STREET, BROOKLYN, NY 11201-2983
(718) 260-5500 ♦ FAX: (718) 260-5504 ♦ ROOM NG17

REQUEST TO REACTIVATE APPLICATION

Use this application to reactivate your admissions application from the semester you were accepted to the following semester only.

NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Apartment #)

(City) (State) (Zip code)

(Area Code) (Phone Number)

Is this a new address? Yes ___ No ___ e-mail address: _____

Social Security # XXX/XX/ _____ CUNY Empl ID: _____

Have you attended another college since your acceptance? Yes ___ No ___

Curriculum to which you were accepted: _____

Curriculum to which you wish to apply: _____

Semester to which you were accepted: Fall _____ OR Spring _____
Year Year

Foreign Students: Have you been issued an I20? Yes ___ No ___ Issuing Institution: _____

Signature _____ Date _____

OFFICE USE ONLY:

Freshmen _____ Transfer _____ Approved _____

Taken by Date