



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

**OFFICE OF ADMISSIONS**

300 JAY STREET, BROOKLYN, NY 11201-2983  
◆ PHONE : (718) 260-5500 ◆ FAX: (718) 260-5504 ◆ ROOM NG17

**REQUEST TO REACTIVATE APPLICATION**

You can email the completed form to the Admissions Office at [ADMDOC@citytech.cuny.edu](mailto:ADMDOC@citytech.cuny.edu)

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/XXXX 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