



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

(Please print all information)

REALLOCATION REQUEST

(Empl ID)

(Last name) (First Name) (Middle Initial)

(Address) (City) (State) (Zip Code)

(Telephone Number) (Date of Birth)

Please check one: US Citizen Permanent Resident Alien Other (Please specify) _____

Sex: Male Female

Name of the college you were accepted to: _____

Were you accepted to SEEK/College Discovery Yes No

Preferred major at NYCCT: _____

Have you ever attended college? Yes No If so where? _____

High School from which you graduated _____ Date of
or expect to be graduated: _____ Graduation _____

Students born on or after January 1, 1957 are required by the New York State Department of Health to submit proof of immunization against measles (2 doses), mumps, and rubella, given after the first birthday.

Signature

Date

