



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, BROOKLYN, NY 11201-1909

(718) 260-5508
(718) 254-8277 Fax

Office of Admission Services
Alexis Chaconis, Director

DIRECT TRANSFER APPLICATION FOR ADMISSIONS

Read the admissions requirements. Please print information using an ink pen and complete both sides.

SEMESTER APPLYING FOR: Fall Spring Summer 20____ Day Evening

Social Security #: _____ - _____ - _____ Empl ID #: _____

Last Name First Name MI (_____) Prior Name

EMAIL ADDRESS (PLEASE PRINT LEGIBLY): _____

PERMANENT / HOME ADDRESS:

Street Apt No

City State Zip

MAILING ADDRESS:

Street Apt No

City State Zip

(____) _____ - _____ (____) _____ - _____ Marital Status: _____
Home Phone # Mobile Phone #

Gender: Male Female Transgender Non Conform Non Binary Not Listed Unspecified

Date of Birth: ____/____/____ Place of Birth (City, State & Country): _____

How long have you lived in New York State? ____ Years ____ Months Are you a U.S. Citizen? Yes No

NON-CITIZENS PLEASE COMPLETE QUESTIONS IN THIS BOX
What type of Visa do you have? 1. Student 2. Temporary 3. Permanent
What is your Visa or Alien Registration Number? _____ Exp. Date: _____

Office Use Only
Major: _____
Residency
 In-City
 In-State
 Out-of-State
High School: _____
Prior Degree: _____
Admit: _____
Deny: _____
Taken By: _____
Date: _____

Desired Major/Curriculum: _____

High School from which you graduated: _____

High School Graduation Date: _____

If you DID NOT graduate from high school, do you have a GED? Yes No

Date of GED Diploma: ____Month ____Year

Are you a Veteran of the United States Military Service, currently on Active Duty or a member of the National Guard or Reserves? Yes No

Note: If yes, you must provide proof of Veteran/Military status: DD-214, Current Military ID card, or Deployment or Pre-separation orders.

List all post-secondary institutions you attended:

Failure to list ALL prior post-secondary institutions (including City Tech) will result in a forfeiture of transfer credits and a rescindment of admission.

Institution	Dates of Attendance	Institution	Dates of Attendance
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

If you have earned a college degree, indicate the type of degree and the date of graduation.

TYPE OF DEGREE DATE

Your response to the following questions is voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

Which category describes you best?

- | | |
|--|---|
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> American Indian or Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other – please specify _____ |

From what country or what part of the world did you or your parents originally come? (Check the country or part of the world with which you most identify.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> China: Mainland | <input type="checkbox"/> Israel | <input type="checkbox"/> Haiti | <input type="checkbox"/> Greece |
| <input type="checkbox"/> China: Taiwan | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Ireland |
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> South Africa | <input type="checkbox"/> Panama | <input type="checkbox"/> Italy |
| <input type="checkbox"/> Korea | <input type="checkbox"/> Colombia | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Poland |
| <input type="checkbox"/> India | <input type="checkbox"/> Cuba | <input type="checkbox"/> Trinidad | <input type="checkbox"/> Soviet Union |
| <input type="checkbox"/> Thailand | <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> England, Scotland,
or Wales | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Ecuador | <input type="checkbox"/> Germany | |
| <input type="checkbox"/> The Philippines | <input type="checkbox"/> Guyana | | |

Where were you and each of your parents born? (Check one in each column.)

	You	Mother	Father
Born in the United States, excluding Puerto Rico or US Territories	_____	_____	_____
Born in Puerto Rico or US Territories	_____	_____	_____
Born outside of the United States	_____	_____	_____

Do you speak a language other than English at home? _____ Yes _____ No

If yes, with which language do you feel more comfortable?

- English Language other than English Equally comfortable with both

I certify that all statements on this document are complete and accurate to the best of my knowledge and belief, and that I agree to provide whatever documentation may be required to verify the information.

Signature _____ Date _____

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