



VISITING STUDENT APPLICATION

For Non-CUNY students only. CUNY students must follow the CUNY permit procedures to attend Lehman.

COMPLETE AND RETURN THIS FORM TO CUNY LEHMAN COLLEGE,

By fax: 718-960-2419

By mail: Office for Special Academic Sessions Shuster Hall 178, 250 Bedford Park Boulevard West, Bronx, NY 10468

FEE: \$65 for new undergraduate, \$125 for new graduate \$10 for returning undergraduate and Graduate students

SELECTION: [ ] UNDERGRADUATE [ ] GRADUATE [ ] RETURNING

Name: \_\_\_\_\_ Any Prior Name \_\_\_\_\_ [ ] M [ ] F

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country (if non-USA) \_\_\_\_\_

S.S No. \_\_\_\_\_ D.O.B(MM/DD/YYYY) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Contact Number (include area code) \_\_\_\_\_ Email \_\_\_\_\_

(Please provide ACCURATE telephone & email information so you may be contacted when your application is received)

(term): [ ] Fall 20 \_\_\_\_\_ [ ] Winter 20 \_\_\_\_\_ [ ] Spring 20 \_\_\_\_\_ [ ] Summer 20 \_\_\_\_\_

[ ] I am a student currently enrolled at \_\_\_\_\_ College/University.

AND [ ] I have attached a student copy of my (home) college transcript.

I would like to take the following course(s). List next to each course how you satisfied any prerequisite for the course:

Dept/Course No. \_\_\_\_\_ Registration code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

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How did you hear about Lehman? \_\_\_\_\_

Note: Lehman College 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. The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus.

(Over) [ ]

(For Office Use Only. Do not Write Below This Line)

CUNY EMPL E.I.D.

RESIDENCY

APPLICATION STATUS

[ ]

[ ]

[ ]

**Proof of immigrant or naturalized citizenship status must be shown in the Office for Special Academic Sessions - Shuster Hall, Room 178 - when submitting this application. Copies of official documents are not accepted.**

**Important Note for All Students:** To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. **A failure to answer these questions will require you to complete the City University Residency Form.**

Where were you and each of your parents born? Check one in each column.	Self	Mother	Father
Born in the United States, excluding Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With which Country you most identify: \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No

With which language are you most comfortable? \_\_\_\_\_

Have you been a New York State resident for the past 12 months?  Yes  No

If yes, please give the month and year New York State residency began: \_\_\_\_\_

Did you file a New York City/State resident income tax return during the past twelve months?  Yes  No

Did you file a federal income tax return during the past twelve months?  Yes  No

**List below all your addresses during the past five years, starting from your current address and working backwards: (Attach a separate sheet of paper if necessary).**

FROM	TO	COMPLETE ADDRESS:
_____/_____/_____ Month Year Month Year	_____/_____/_____ Month Year Month Year	_____ _____ City State Zip Code
_____/_____/_____ Month Year Month Year	_____/_____/_____ Month Year Month Year	_____ _____ City State Zip Code

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. ***I understand that the application fee is non-refundable.***

I understand that non-matriculated (non-degree) students, including non-CUNY visiting students, are not eligible for financial aid at Lehman College.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# MEDICAL REQUIREMENTS

MENINGITIS RESPONSE SIGNATURE AND MMR IMMUNIZATION RECORDS  
ARE REQUIRED PRIOR TO REGISTRATION.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH:  
\_\_\_\_\_

**Part 1- TO BE COMPLETED AND SIGNED BY THE STUDENT OR BY THE PARENT/GUARDIAN OF THE STUDENT UNDER THE AGE OF 18.**

**MENINGOCOCCAL MENINGITIS.**

**CHECK ONE (1) BOX ONLY** (One dose within 10 years recommended by NYSPHL2167)

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. The vaccination was administered on \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis.

**\*For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics websites: [www.istm.org](http://www.istm.org) The meningitis vaccine is *not* offered at the Lehman College Student Health Center.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part 2 - TO BE COMPLETED, SIGNED, AND STAMPED BY YOUR HEALTH CARE PROVIDER.**

Single immunizations (one mumps, one measles, or one rubella) must have been given after January 1, 1968.

Measles 1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

**M.M.R. (Measles, Mumps, Rubella) (Two doses; after 1/1/1973)**

1. Dose 1 given at **age 12 months or later**..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Second dose given after 15 months of age..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

3. **Laboratory Report proving immunity must be submitted.** (MMR Titer)  
(See reverse side for information)

I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity.

Physician signature AND STAMP required \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

**Return form to: Lehman College Student Health Center, T-3 Building Room 118  
250 Bedford Park Blvd. West, Bronx, NY 10468 Telephone: (718) 960-8900 Fax: (718) 960-8909**

**Medical Requirements**  
*Meningitis Response Signature and MMR Immunization Records*  
*Are required before registration*

**New York State Public Health Law 2167-Meningococcal Meningitis**

New York State Public Health Law 2167 took effect on August 15, 2003. It requires that all colleges inform their students about meningococcal meningitis and the meningitis vaccine. It further requires you to do the following:

**Complete Part 1** of the reverse side of this form indicating that you have received information about \_\_\_\_\_ meningitis and the meningitis vaccine and **EITHER:**

Have been vaccinated against meningitis within the last 10 years (please submit date)

**OR**

Have decided **not** to obtain the vaccination.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms can include high fever, severe headache, stiff neck, and rash. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputations, and even death.

Meningitis is spread through the air via respiratory secretions such as coughing, sneezing, kissing or sharing personal items like utensils, cigarettes and drinking glasses. Certain college students, particularly freshman living in dormitories or resident halls, have been found to have an increased risk for meningitis.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States

—types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is safe and effective and provides immunity for approximately 3 to 5 years.

Meningitis vaccine is available at your primary care physician or visit [www.istm.org](http://www.istm.org) for clinic listings. The Meningitis vaccine is *not* offered at the Lehman College Student Health Center.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our health center and/or consult your physician. You can also find information about the disease at the NEW YORK STATE DEPARTMENT OF HEALTH WEBSITE: <http://www.health.state.ny.us/> and THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC): <http://www.cdc.gov/NCIDOD/DBMD/DISEASEINFO/> OR AMERICAN COLLEGE ASSOCIATION (ACHA) WEBSITE: <http://www.acha.org/>

**New York State Public Health Law 2165-Measles, Mumps, Rubella**

If you were born after December 31, 1956\*, you are required by state law to prove you are immune to Measles, Mumps, and Rubella in order to attend college. Acceptable proof of immunity includes: immunization cards from childhood, immunization records from High School or other schools you attended, or records from your doctor or clinic. If you do not have proof of immunizations, you must be immunized again *or* have a blood test (MMR titer) to show you are immune to all three diseases. *A lab report of the blood test result is mandatory.*

MMR vaccines are available at the Lehman College Student Health Center free of charge. Blood testing is also available but requires medical insurance or payment by the student. Medical waiver: Any student with a medical condition that prohibits vaccination may submit a doctor's statement on letterhead for exemption. (Temporary medical conditions, such as pregnancy, require blood titer clearance.)

**\* You do not need proof of vaccinations if you were born on or before December 31, 1956.**

