

**DEGREE PROGRAMS OPEN FOR ADMISSIONS**

Accounting (AAS)	Emerging Media Technologies (BT)
Applied Chemistry (BS)	Entertainment Technology (BT)
Applied Computational Physics (BS)	Environmental Control Technology (AAS)
Applied Mathematics (BS)	Facilities Management (BT)
Architectural Technology (AAS/BT/*BARCH)	Healthcare Policy and Management (BS)
*Biomedical Informatics (BS)	Health Communication (BS)
Business & Technology of Fashion (AS/BS)	Health Sciences (AS)
*Career & Technical Teacher Education (BS in Ed)	Hospitality Management (AAS/BT)
Chemical Technology (AS)	Human Services (AAS/BS)
Civil Engineering Technology (AAS)	Industrial Design Technology (AAS)
Communication Design (AAS/BFA)	Law & Paralegal Studies (AAS/BS)
Computer Engineering Technology (BT)	Liberal Arts - Arts (AA)
Computer Information Systems (AAS)	Liberal Arts - Sciences (AS)
Computer Science (AS)	Marketing Management & Sales (AAS)
Computer Systems (BT)	Mathematics Education (BS in Ed)
Construction Management Technology (AAS)	Mechanical Engineering Technology (AAS/BT)
Construction Engineering Technology (BT)	*Nursing (AAS)
Data Analytics in Economics - (BS)	Professional & Technical Writing (BS)
Data Science (BS)	*Radiologic Technology (AAS)
*Dental Hygiene (AAS)	Restorative Dentistry (AAS)
Electrical Engineering Technology (AAS)	*Technology Teacher Education (BS in Ed)
Electrical Technology (BT)	Vision Care Technology (AAS)
Electromechanical Engineering Technology (AAS)	

**\*Placement is not guaranteed for these majors and departmental approval is mandatory**

**All in-person drop-offs should be submitted to the Office of Admissions, NG17**

**Zoom Meeting ID:**

958 2670 9321

**Passcode:**

Admissions

**The office will be closed on the following dates**

**5/30 - 6/20 - 7/1 - 7/4 - 7/15 - 7/22 - 7/29 - 8/5 - 8/12**

**July 5 through July 7** 9:30AM - 4:30PM

**July 8** 9:30AM - 3:00PM (*virtual hours*)

**In-person Office Hours:**

Mon 9:30AM - 4:30PM

Tue 9:30AM - 4:30PM

Wed 9:30AM - 6:00PM

Thur 9:30AM - 4:30PM

**Fri CLOSED**

**Virtual Hours:**

Mon 11:30AM - 1:30PM

Tues 1:30PM - 3:30PM

Wed 3:30PM - 5:30PM

Thur 11:30AM - 1:30PM

**Fri CLOSED**

**Summer Hours begin on June 27 - August 12**
**In-person Office Hours:**

Mon 9:00AM - 5:30PM

Tues 9:00AM - 5:30PM

Wed 9:00AM - 6:00PM

Thur 9:00AM - 4:30PM

**Virtual Hours:**

Mon 11:30AM - 1:30PM

Tues 1:30PM - 3:30PM

Wed 3:30PM - 5:30PM

Thur 11:30AM - 1:30PM

**FOR ON-THE-SPOT ADMISSION****1. Application Fee**

A \$65.00 application fee must be paid online using a Visa/MasterCard/American Express/or Discover credit card. You can also pay with an electronic check (E-check). In order to use an electronic check, you must have both your bank routing number and checking account number. All application fee payments need to be paid using the CUNYfirst admission application.

**2. Official High School/ College Transcripts**

**a.** Original and photocopy of high school diploma and official high school transcript (presented in a sealed envelope) or original GED diploma and scores and photocopy.

**b.** Please note, if you have transcripts showing a different name, proof of the name change must be documented at the time of admission.

**c.** Any student who has previously attended college, business, trade, technical or vocational school must apply as a transfer student. Please go to N104 or contact our STAR Center at 718-260-5508 for admission criteria and information about what to bring for On-the-Spot Admissions.

**3. Immunization**

For students born AFTER 12/31/56: Original and photocopy of proof of immunity to measles, mumps and rubella. Accepted forms of proof include documentation of one (1) measles, mumps and rubella vaccination administered after 1967

**OR**

the lab results of a blood test showing immunity to these diseases. The lab test results must be POSITIVE and provide the laboratory's reference ranges. An equivocal reading is not acceptable. Students can be accepted without their immunization records, however, will not be able to register until proof of immunization is presented. Students presenting vaccination records must present proof of one (1) additional measles vaccination before February 25, 2020.

**Meningococcal Meningitis**

All students, regardless of age, must submit the Meningitis Response Form by February 25, 2020.

OFFICE OF ADMISSIONS

(718) 260-5500
(718) 260-5504 Fax (Please do not fax application)

Office of Admission Services
Alexis Chaconis, Director

Please read the instructions accompanying the application. PRINT using ballpoint pen. Please complete both sides.

Semester applying for: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_\_\_ CUNYfirst ID: \_\_\_\_\_

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

Last name First Name Middle Initial ( ) Prior Name

E-mail Address (PLEASE PRINT LEGIBLY)

LEGAL ADDRESS:

Street Apt No City State Zip
( ) / /
Phone Date of Birth Place of Birth

How many years have you lived in New York? \_\_\_ 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? \_\_\_\_\_

Office Use Only
Major \_\_\_\_\_
CUNYfirst ID: \_\_\_\_\_
Res:
In-state \_\_\_\_\_
Out of State \_\_\_\_\_
Status:
Accept \_\_\_\_\_
Reject \_\_\_\_\_
Taken by \_\_\_\_\_
Date \_\_\_\_\_

Desired Major/Curriculum \_\_\_\_\_

High School from which you graduated: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

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

Date of GED/HSE diploma: \_\_\_ month \_\_\_ year

Are you a Veteran of the United States Armed Services? \_\_\_ Yes \_\_\_ No
(must provide DD214)

List all post-secondary 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

1. \_\_\_\_\_ From \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

2. \_\_\_\_\_ From \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

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,<br>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.)**

	<b>You</b>	<b>Mother</b>	<b>Father</b>
<b>Born in the United States, excluding</b> 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.