

APPLICATION FOR DEGREE STATUS

For Non-degree Students Requesting Degree Status (Matriculation)

No Fee Required

INSTRUCTIONS:

STAFF INITIALS _____

1. Please complete both sides of this application in ink.
2. To be considered for degree status, students must have completed a minimum of 6 credits at QCC and earned a GPA of 2.0 or higher.
3. Students who are not CURRENTLY ENROLLED, must also submit an Application for Readmission, along with this request.
4. To process this request, the following documents – Official HS transcript or equivalency (*GED- General Equivalency Diploma, TASC-Test Assessing Secondary Completion, or HI SET- High School Equivalency*) AND transcripts from all previous College work, if applicable.
Please submit to:

QUEENSBOROUGH COMMUNITY COLLEGE

ADMISSIONS OFFICE, ADMINISTRATION BUILDING, ROOM A-210, 222-05 56th AVE. BAYSIDE, NY 11364

NOTES:

- Placement testing is required for most QCC courses. All students must comply with any prerequisite requirements as listed in the current catalog. To arrange a testing appointment, contact the Testing Office (718-631-6358).
- TOEFL may be required for some students. Please see the College Catalog for the required score.

<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ Sessions applying for: <input type="checkbox"/> Day _____ <input type="checkbox"/> Evening _____
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- Are you currently attending Queensborough Community College? Yes No (If you are not currently attending, you must also fill out the request for readmission)
- Have you ever applied for admission to Queensborough as a degree student? Yes No

Social Security Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>							
Last Name: _____		First Name: _____		Middle Initial: _____		Any prior name used: _____	
Address: _____ Apt. No. _____ City: _____ State: _____ Zip: _____				Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email: _____ _____	
Length of time at The above address: _____			Length of time in N.Y.C. (Brooklyn, Bronx, Manhattan, Queens or Staten Island): _____			Length of time in New York State: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: _____		Home Telephone: _____		Business Telephone: _____	

*****Please list in chronological order all educational institutions you have attended including High School.**

Name of Institution	City, State	Dates of Attendance From Mo./Yr. to Mo./Yr.	Approx. No. of credits	Major or Curriculum	Degree Awarded
High School:					
Queensborough Community College	Bayside, NY				

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state _____	Country of Birth _____	Country of Citizenship _____
Immigration Status <input type="checkbox"/> U.S. Permanent Resident: Alien Registration (1551) Card No. A- _____ Obtained: Month _____ Year _____ <input type="checkbox"/> Other: Specify type of Visa _____ Obtained: Month _____ Year _____ Expiration: Month _____ Year _____		

If you hold a GED, check here In which state did you receive your GED? _____

Indicate below courses in progress at Queensborough Community College.

Course Title	Section	Credits	Course title	Section	Credits

****Please indicate your curriculum choice (Program of study)***

NOTE: The application and all other supporting documents should be received by June 15th for the Fall Semester and November 1st for the Spring Semester. Students will be notified if matriculation is granted after all the final grades for the current semester are received. Only records and grades on file by the deadline will be considered for matriculation.

I hereby certify that all the information in this application is accurate and complete. I realize that failure to file the appropriate application may affect my admission status. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purpose only.

Signature _____ **Date** _____