



Queensborough Community College

THE CITY UNIVERSITY OF NEW YORK • 222-05 56TH AVENUE, BAYSIDE, NEW YORK 11364-1497

OFFICE OF ADMISSIONS, ROOM A-210, TEL. 718-281-5000

Staff initials _____

NON-DEGREE APPLICATION

Semester: Summer/Fall 20 _____ Spring 20 _____ Winter Session 20 _____

Check if applicable: paraprofessional sabbatical CUNY Permit twenty-four credit option senior citizen

PART I: GENERAL INFORMATION – PLEASE READ

1. If you are a former Queensborough degree or non-degree student, you must file an Application for Readmission with the Office of Admissions.
2. Nondegree students are not eligible to receive financial aid.
3. Students holding the F-1 Visa must apply as full-time matriculated (degree) students.
4. **For prior summer attendance, a new non-degree application must be completed.**

PART II: STUDENT QUESTIONNAIRE

Have you ever attended Queensborough Community College? Yes No (If yes, STOP. File an Application for Readmission.)

Social Security Number: --

If you do not have a social security number, a unique identifying number will be assigned to your file. This will in no way affect your admission status.

NAME: _____
Last First Middle Initial (Any prior last name used)

ADDRESS: _____
House Number/Street City State Zip Code

GENDER: Female Male Date of Birth (Month/Day/Year): _____ Place of Birth: _____

TELEPHONE: (____) _____ EMAIL ADDRESS, if available: _____

Marital Status (optional; for statistical information only): Married Single

How long have you lived at your current address? Months: _____ Years: _____

How long have you lived in New York City (within the boroughs of Bronx, Brooklyn, Manhattan, Queens, or Staten Island)? Months: _____ Years: _____

How long have you lived in New York State? Months: _____ Years: _____

Are you a U.S. citizen? Yes No If no, state country of birth _____ Country of citizenship _____

Immigration status: Permanent Resident _____ alien registration (green) card # Other Type of Visa _____ state type of visa

Are you a veteran? Yes No If yes, indicate dates of service: From _____ To _____

Please list all institutions attended, with the dates, including high school. High school graduates or GED recipients, please indicate date of graduation.						
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 or GED						

If you are visiting from another college, please print the name of the college _____

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 purposes only.

Signature _____ Date _____

(Please complete application on reverse side.)

THE INFORMATION BELOW IS BEING COLLECTED TO MEET FEDERAL REPORTING REQUIREMENTS. IT IS CONFIDENTIAL AND WILL NOT BE RELEASED EXCEPT IN THE FORM OF STATISTICAL SUMMARIES IN WHICH INDIVIDUALS ARE NOT IDENTIFIED, AND EXCEPT FOR STUDENTS WITH HEALTH PROBLEMS OR DISABILITIES. FOR THOSE STUDENTS, THE INFORMATION WILL BE RELEASED TO THE CAMPUS COORDINATOR FOR STUDENT HEALTH PROBLEMS AND DISABILITIES SO THAT APPROPRIATE ACCOMMODATIONS CAN BE MADE. RESPONSE IS VOLUNTARY. THIS INFORMATION HAS NO BEARING ON EITHER ADMISSIONS OR ACADEMIC DECISIONS.

- Ethnicity (optional):
- | | |
|--|--|
| <input type="checkbox"/> White, Non-Hispanic (1) | <input type="checkbox"/> Asian or Pacific Islander (5) |
| <input type="checkbox"/> Black, Non-Hispanic (2) | <input type="checkbox"/> American Indian or Native Alaskan (6) |
| <input type="checkbox"/> Puerto Rican (3) | <input type="checkbox"/> Other (Please specify) (7) _____ |
| <input type="checkbox"/> Hispanic, Other (4) | <input type="checkbox"/> I choose not to answer (9) |

From what country or part of the world did you or your family originally come? _____

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 U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Your native language: _____ Other language(s) spoken: _____

Are you interested in registering for online courses? Yes No

IMPORTANT INFORMATION

■ **Application Fee:** A non-refundable fee of \$65.00 will be added to your bill. The fee is not required if you are currently enrolled in another CUNY unit, and attending QCC on permit.

■ **Proof of Immunization:** Students born on or after January 1, 1957 must submit proof of immunization for measles, mumps and rubella, before registration.

■ **Assessment Test:** Non-degree students may be required to take the CUNY Act Placement Test before registering for some QCC courses. Student may be exempted if tested at another CUNY unit (proof must be provided) or completed 45 or more college credits at a non-CUNY college (**official transcript must be provided**), or received an SAT Verbal and/or Math score of 480, an ACT English and/or Math score of 20, or a grade of 75 or higher on the English and/or Sequential Math II or III or A or B NYS Regents (**official high school transcript must be provided**).