

SENIOR CITIZEN STUDENT APPLICATION

File this application if:

- you are a New York resident 60 years of age or older
- you want to audit a course
- you do not want to enroll in business courses

Please submit the following documents along with the application:

- proof of high school graduation, GED, or transcripts of all prior college coursework (no web based transcripts)
- proof of age

Application for: Fall	_ □ Winter _	□	Spring			
Social Security number:			Date of Birth:			
Mr. Ms. LAST						
Street Address:		FIR	ST	_ Apt. No	MI D.:	
City:						
Length of time at the above address	Years/Months	in NYC	Years/Months	in NYS	Years/Months	
Telephone: ()	Emai	l Address: _				
Are you a U.S. Citizen? YES	NO 🗆					
If no, state the Country of Birth:	Country of Birth: Country of Citizenship:					
Immigration Status: U.S. Permane	A 11.	D	ard#	Date Issued	Expiration Date	
High School or College Attended:	Alle					
List courses you wish to take by						
Acceptance of this application doe	s not guarantee	course avail	ability at the	e appointed reg	gistration time.	
I hereby certify that the statements on information may affect my status at B		and all the sup	porting docu	ments are true.	I realize that fraudule	
Signature		_			 Date	

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