

## **WHO FILES**

Current non-degree students who want to change to degree status.

If you have completed any post-secondary education abroad, please file an application for transfer admission at [www.cuny.edu](http://www.cuny.edu)

## **REQUIREMENTS**

1. GPA of 2.5 for the first 7-14 credits or more earned at Brooklyn College in an academic program of liberal arts and core courses.
2. GPA of 2.0 for the first 24 credits or more earned at Brooklyn College in an academic program of liberal arts and core courses.
3. Fulfilling all three (3) CUNY Assessment Tests in reading, writing and mathematics.

## **FILING INSTRUCTIONS**

1. Complete ALL the information requested on the application.
2. Submit official transcripts from ALL institutions previously attended. Have official transcripts sent directly to Office of Admissions, West Quad Center Brooklyn, NY 11210
3. Check filing deadlines on our website, [www.brooklyn.cuny.edu](http://www.brooklyn.cuny.edu)
4. Meeting all current requirements for admission. Requirements are subject to change.

**Note: Application Processing Fee is NOT required for Status Change Requests.**

*Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.*



# Undergraduate Status Change Application Form

Rev. 8/10

## INFORMATION

Semester Applying for:

FALL  WINTER  SPRING  SUMMER Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female Date of Birth \_\_\_\_\_  
Month/Date/Year

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden or Prior Last Name \_\_\_\_\_

## HOME ADDRESS

Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of time at the above address (Months and Years)? \_\_\_\_\_

Length of time in New York State (Months and Years)? \_\_\_\_\_

Telephone Number(s)

Evening \_\_\_\_\_ Day \_\_\_\_\_

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

Are you a United States Citizen?  Yes  No

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Immigration Status:

U.S. Permanent Resident with Alien Registration Card

Alien Registration Card Number \_\_\_\_\_ Date Obtained \_\_\_\_\_  
Month/Date/Year

Indicate Immigration Status (specify type of visa) \_\_\_\_\_

Date Obtained \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.**

# EDUCATIONAL HISTORY

## High School(s) Attended

School Name

Address

Date Entered

Date Left

Graduation Date

## Universities, Colleges or Other Post-Secondary Schools Attended

School Name

Address

Date Entered

Date Left

Graduation Date

School Name

Address

Date Entered

Date Left

Graduation Date

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the Office of Undergraduate Admissions.

Signature of Applicant

Date

### SURVEY DATA

The information below is being collected to meet research and federal reporting requirements. Completing this information is solely voluntary. It is confidential and will not be released except in the form of statistical summaries in which individuals are not identified. THIS INFORMATION HAS NO EFFECT ON EITHER ADMISSIONS OR ACADEMIC DECISIONS.

### Are you Hispanic / Latino?

Yes  No

### Where were you and each of your parents born (Check one in each Column)?

#### Indicate your race by selecting one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

	<i>You</i>	<i>Father</i>	<i>Mother</i>
Born in the U.S. <small>(Excluding Puerto Rico and the U.S. Territories)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or the U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(Check the box next to the name of the country or part of the world with which you most identify.)

- |  |   |  |                                      |  |  |
|--|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Bangladesh 012      | <input type="checkbox"/> Dominican Republic 045     | <input type="checkbox"/> Haiti 066     | <input type="checkbox"/> Italy 076   | <input type="checkbox"/> Peru 120            | <input type="checkbox"/> Trinidad 153    |
| <input type="checkbox"/> Barbados 013        | <input type="checkbox"/> Ecuador 046                | <input type="checkbox"/> Hong Kong 170 | <input type="checkbox"/> Jamaica 077 | <input type="checkbox"/> Poland 122          | <input type="checkbox"/> Ukraine 223     |
| <input type="checkbox"/> China: Mainland 032 | <input type="checkbox"/> England/Scotland/Wales 160 | <input type="checkbox"/> India 070     | <input type="checkbox"/> Korea 083   | <input type="checkbox"/> Puerto Rico 185     | <input type="checkbox"/> Vietnam 178     |
| <input type="checkbox"/> China: Taiwan 148   | <input type="checkbox"/> Germany 056                | <input type="checkbox"/> Ireland 074   | <input type="checkbox"/> Mexico 100  | <input type="checkbox"/> Russia 158          | <input type="checkbox"/> Other – Specify |
| <input type="checkbox"/> Columbia 033        | <input type="checkbox"/> Greece 060                 | <input type="checkbox"/> Israel 075    | <input type="checkbox"/> Nigeria 113 | <input type="checkbox"/> The Philippines 121 | _____                                    |
| <input type="checkbox"/> Cuba 038            | <input type="checkbox"/> Guyana 065                 |  |                                      |  |  |