

LaGuardia Community College 2018-2019 Visiting Student & Non-Degree Application

Note: The City University of New York does not discriminate on the basis of age, sex, race, creed, color, national origin, physical or mental disability, sexual orientation, veteran's status, and alienage or citizenship status.

Instructions: Please print clearly.

Please list course(s) you would like to register for:

Course #1: _____ Course #2: _____

(Instructions for Transfer students ONLY)

- a). You must meet the pre-requisite requirements for the course(s) you have listed above, before you are allowed to register.
b). Please submit your college transcripts with this application.

TERM: (check one) _____ FALL I _____ FALL II _____ SPRING I _____ SPRING II
(September) (January) (March) (Late June)

NAME: _____
Last First M.I. PRIOR (any prior last name used)

SOC. SEC. #: _____ - _____ - _____ SEX: ___F___M DATE OF BIRTH: _____
(month) (day) (year)

STREET ADDRESS: _____
Apt. #

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

Length of time at above address: _____ Length of time in NYC _____ in NYS _____

US Citizen: _____yes _____no Country of Citizenship: _____ of Birth: _____

If no, _____ or _____ or _____
Alien Registration Number Immigrant status Other

(Note: Citizenship status and alienage are used to determine if any other educational documents are needed to evaluate your application.)

I hereby certify that all 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: _____

OVER

Note: Response to items 2 through 6 is voluntary, and the information will be kept confidential. Refusal to provide this information will not subject the application to any adverse treatment. This information has no bearing on other admission or academic decisions.

1. What is your academic background?

- | | |
|---|--|
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Associate's degree from another college |
| <input type="checkbox"/> G.E.D. | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college courses | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> LaGuardia graduate | <input type="checkbox"/> Other (please specify): _____ |

Note: If you have previously attended LaGuardia but did not graduate, you are not eligible to apply. You will need to go to the Enrollment Services Center (C107) to submit an application for [Readmission](#).

2. What 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, Native Alaskan |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other, specify _____ |

3. From what country or 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"/> 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"/> Barbados | <input type="checkbox"/> Panama | <input type="checkbox"/> Italy |
| <input type="checkbox"/> India | <input type="checkbox"/> Cuba | <input type="checkbox"/> Trinidad | <input type="checkbox"/> Ecuador |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Dominican Rep. | <input type="checkbox"/> Germany | <input type="checkbox"/> Guyana |
| <input type="checkbox"/> The Philippines | <input type="checkbox"/> England, Scotland, or Wales | <input type="checkbox"/> Russia | <input type="checkbox"/> Ukraine |
| <input type="checkbox"/> Korea | <input type="checkbox"/> Other, specify _____ | | |
| <input type="checkbox"/> Bangladesh | | | |

4. 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 US territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or US Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you speak a language other than English at home? Yes No

5a. If yes, with which language do you feel more comfortable?

- English
 Language other than English
 Equally comfortable with both

6. What is your native language? _____