



**LEHMAN
COLLEGE**

**OFFICE OF
UNDERGRADUATE
ADMISSIONS**

Shuster Hall, Room 161
250 Bedford Park Blvd West
Bronx, NY 10468

Phone: 718-960-8700
Fax: 718-960-8712
Web: www.lehman.edu

ENCORE PROGRAM

Semester Applying for: September 20_____ February 20_____ June 20_____

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

Last Name		First Name		Middle Name	Prior Name
Mailing Address				Apt	
City		State		Zip Code	Country (if non-U.S.A.)
Daytime Telephone Number			Evening Telephone Number		E-mail Address
Social Security Number -- --			Date of Birth		Gender <input type="radio"/> Male <input type="radio"/> Female
Are you U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		Immigration Status <input type="radio"/> U.S. Permanent Resident		*OFFICE USE ONLY* _____ Date Processed _____ Initials	
Country of Birth		Alien Registration (I-551) card #			
Country of Citizenship		<input type="radio"/> Other (specify type of visa)			

TO ESTABLISH ELIGIBILITY FOR THIS PROGRAM, PLEASE BRING THIS APPLICATION AND YOUR DRIVER'S LICENSE IN PERSON TO THE LEHMAN OFFICE OF ADMISSIONS, SHUSTER HALL 161, PRIOR TO THE START OF CLASSES.

I would like to enroll as an auditor in the following course(s):

Course No. _____

Course No. _____

Course No. _____

Course No. _____

"The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus."

Fees for participation in the Encore Program: \$65 per semester plus a \$15 consolidated fee.

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only.

Date: _____ Signature: _____

