READMISSION APPLICATION FORM

SELECT SEMESTER: ☐ SPRING ☐ SUMMER ☐ FALL

PRINT NAME AS IT APPEARS ON HOSTOS COMMUNITY COLLEGE RECORDS:

____________________________________________________________________________________________

(LAST)                                     (FIRST)                                     (MIDDLE—INITIALS ONLY)

CUNY EMPID#: ________________________________ Date of Birth: _______ / _______ / _______

NATIONAL ID#: ________________________________

OLD ADDRESS: ____________________________________________________________

STREET ADDRESS ________________________________ APT # _________ CITY _________ STATE _________ ZIP CODE _________

NEW ADDRESS: ____________________________________________________________

STREET ADDRESS ________________________________ APT # _________ CITY _________ STATE _________ ZIP CODE _________

TELEPHONE NUMBER: ________________________________ EMAIL ADDRESS: ________________________________

ETHNICITY: ☐ 00=Missing/Unknown             ☐ 03=Puerto Rican             ☐ 06=American Indian or Native Alaskan
☐ 01=White, Non Hispanic             ☐ 04=Hispanic (Other)             ☐ 07=Other _____________________
☐ 02=Black, Non Hispanic             ☐ 05=Asian or Pacific Islander             ☐ 08=Choose not to answer

Did you attend another college since leaving Hostos? ☐ Yes ☐ No

NOTE: If you attended another college since leaving Hostos, you must submit a copy of your latest transcript to the Office of Admissions for an advanced standing credit evaluation.

STUDENT’S SIGNATURE: ________________________________ TODAY’S DATE: _______________

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

PLAN: ________________________________ SUB PLAN: ________________________________

NON-DEGREE ☐ Yes ☐ No

ADMISSION DATE _______ _______ LAST SEMESTER OF ATTENDANCE _______ _______ TOTAL CREDITS EARNED: _______

SATISFACTORY ACADEMIC RETENTION STANDARD ☐ Yes ☐ No CUMULATIVE GPA: ____________

☐ Intake Desk (D101): __________________________________________________ Date: _______________

Registrar’s Office Staff: ________________________________ Date: _______________

ADMISSIONS OFFICE - Residency Process

☐ ADMISSIONS OFFICE (D-B210) ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No

PERMANENT RESIDENCY CARD #: ________________________________

CODES OK____ PM____ FS___ OS____ OI____ FD____ PP____ NE____ OC___ NV___

PROOF SUBMITTED: __________________________________________________ DATE: _______________

VERIFIED BY: __________________________________________________ DATE: _______________

CLEARANCES - You must clear the following SERVICE INDICATORS before your application is finalized

☐ IMMUNIZATION (A-334C) ________________________________
☐ BURSAR OFFICE (D-B105 SAVOY BLDG.) ________________________________
☐ DEAN OF STUDENT’S OFFICE (C-330) ________________________________
☐ FINANCIAL AID OFFICE (D-B115 SAVOY BLDG.) ________________________________
☐ LIBRARY (A-308) ________________________________
☐ PERKINS LOAN (D-B105E SAVOY BLDG.) ________________________________
☐ STUDENT RECEIVABLES (D-B105E SAVOY BLDG.) ________________________________

RECEIVED BY REGISTRAR’S OFFICE STAFF: ________________________________ DATE: _______________

Original White and Yellow Copy For Registrar’s Office - Pink Copy For Student
Updated: 8/20/13