UNDERGRADUATE VISITING OR NON-DEGREE STATUS APPLICATION
FALL 2016

Visit www.jjay.cuny.edu/apply-non-john-jay-degree-student for detailed information regarding deadlines, policies, and procedures. For a complete list of Fall 2016 course offerings, click here.

Important: This application should be used only if you plan on attending John Jay College on a visiting or non-degree basis. Financial Aid is not available for non-degree students. Non-degree tuition is higher than tuition for matriculated students. For tuition and fee information, visit: www.jjay.cuny.edu/tuition-and-fees.

Application Deadline:
Monday, August 15, 2016

Completed application and non-refundable application fee should be sent to:
John Jay College of Criminal Justice
Office of Admissions, L.64.00NB
524 West 59th Street
New York, NY 10019

Steps to Apply
1. Attach a personal check or money order in the amount of $65 made payable to: JOHN JAY COLLEGE. This payment covers the required non-refundable application fee.
2. First-time college students must provide an official final high school transcript showing proof of graduation, or official GED scores, as well as official SAT or ACT scores.
3. For applicants with prior college or university course work, a transcript from every prior institution attended is required.
4. Application for admission will not be considered unless all application procedures listed above have been completed.
5. Please note: Students educated outside of the United States CANNOT apply as a visiting or non-degree student using this application.

Applications will be evaluated by the Office of Admissions and applicants will be notified if they have been granted permission to enroll at the College as a non-degree student.

Senior Citizens

New York State residents 60 years of age or older may audit undergraduate courses at John Jay College on a tuition-free, space-available basis. There is a two course limit per semester. All Senior Citizen applicants must be New York State residents and must submit verification of age. The following forms of proof of age will be acceptable for admission:

Driver’s License  Birth Certificate  U.S. Passport  Medicaid Card

Auditors do not receive grades or academic credit for their courses. Individuals enrolling under this program pay fees totaling $80 each semester payable upon registration. Along with verification of age and New York State residency, applicants must file the undergraduate non-degree application to be considered for this program. The application fee is not required for senior auditors. However, senior citizens who wish to take courses for degree credit must pay the application fee and will be charged the appropriate tuition.
Part I: Personal Information

Please check one:  □ Mr.  □ Ms.  □ Mrs.

First Name: ___________________________  Last Name: ___________________________

Date of Birth: _______________  Email Address: ___________________________

Address: __________________________________________________________

City: ___________________________  State: _______________  Zip: _______________

Social Security #: _____–____–______  Telephone: (______) ______-______

*If you do not have a social security number, a unique identifying number will be assigned to your file. This will not affect your admission status.

1. Length of time residing in New York State: _____ years and _____ months


Country of Birth: ___________________________________________________________

*If No, please select one of the following:

□ U.S. Permanent Resident: ___________________________  Alien Registration (I551) Card # _______________  Date Obtained (MM/YY)

□ Temporary Visa: ___________________________  Type of Visa ___________________________  Date Obtained (MM/YY)  Exp. Date (MM/YY)

3. Have you attended John Jay College of Criminal Justice  □ Yes*  □ No

4. Have you ever attended a CUNY institution?  □ Yes*  □ No

*If yes, what is your EMPL ID? ___________________________

Please proceed to Part II on the next page.
Part II: Educational Experience

List all high schools and all colleges you have attended:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>State</th>
<th>From (MM/YY)</th>
<th>To (MM/YY)</th>
<th>Degree</th>
<th>Date</th>
<th>Major</th>
<th>Credits Completed</th>
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Which session are you applying for? Fall 2016 ____

Which course(s) do you plan on registering for? Please enter the four digit class number, course name, and section listed in the Schedule of Classes. There is a two course limit for senior citizens auditing courses:

1. Four Digit Class Number: ____________ Course:__________________ Section: ____________
2. Four Digit Class Number: ____________ Course:__________________ Section: ____________
3. Four Digit Class Number: ____________ Course:__________________ Section: ____________
4. Four Digit Class Number: ____________ Course:__________________ Section: ____________

Certain courses contain pre-requisites required for each course. All pre-requisites must be fulfilled prior to registration; otherwise, you will not be permitted to register for your course(s).

Please note: There is no guarantee that you will be able to register for courses of your choosing. Registration for non-degree students is based on a first come, first served basis. Course priority is given to John Jay College matriculated students. Also, some course sections are limited to special populations of students which may prohibit you from registering for that particular course. Other courses may also require special permission from the chairperson of the department in which that course is sponsored.

All students must comply with New York State Public Health Laws. This law requires that all new college students, born on or after January 1, 1957, provide proof of immunization for measles, mumps and rubella (MMR). Please have the Immunization Form completed and sent to the Admissions office as soon as possible. If you have any questions, please call the Health Office at (212) 237-8052; e-mail at healthoffice@jjay.cuny.edu.

I hereby certify that all of the 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.

Applicant Signature: ___________________________ Date: ___________________

Please proceed to Part III on the next page.
Part III: Ethnicity Information

Response to the following items is voluntary, and the information will be kept confidential. Refusal to provide this information will not subject the application to any adverse treatment.

1. Are you Hispanic/Latino? □ Yes □ No

Regardless of how you responded to the previous question, please indicate your race by selecting one or more options from the following categories:

□ Black, or African American
□ Asian
□ American Indian or Native Alaskan
□ White
□ Native Hawaiian or Other Pacific Islander

2. What country or part of the world did your family originally come from?

3. Where were you and each of your parents born? (Check one in each column)

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Mother</th>
<th>Father</th>
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<tbody>
<tr>
<td>Born in the United States excluding Puerto Rico or U.S. Territories</td>
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<tr>
<td>Born in Puerto Rico</td>
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<tr>
<td>Born outside the U.S.</td>
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4. Do you speak a language other than English at home? □ Yes* □ No

*If yes, with which language do you feel more comfortable?

□ English □ Language other than English □ Equally comfortable with both

Please list all other languages you speak at home ____________________________________________________

5. Parent Information

Father’s First Name: ________________________ Last Name: ________________________

Father living? □ Yes □ No U.S. Citizen? □ Yes □ No Born in U.S.? □ Yes □ No

Father’s Residence: ________________________ City ________________________ State ________________________ Zip Code ________________________

Mother’s First Name: ________________________ Last Name: ________________________

Mother living? □ Yes □ No U.S. Citizen? □ Yes □ No Born in U.S.? □ Yes □ No

Mother’s Residence: ________________________ City ________________________ State ________________________ Zip Code ________________________

End of application.