

UNDERGRADUATE NON-DEGREE/VISITING STUDENT APPLICATION  
SENIOR AUDITOR APPLICATION

Office of Admissions

**Application Deadlines**

Fall Semester – August 15

Winter Intersession – December 10

Spring Semester – January 10

Summer Session I – May 15; Summer Session II/III – June 15

**Important:** *This application should only be used if you plan on attending John Jay College as a non-degree/visiting student or as a senior auditor. Non-degree/visiting students and senior auditors are accepted on a semester-to-semester basis, depending on space availability, and must apply each semester. Financial aid is not available for non-degree/visiting students or senior auditors. For more information regarding deadlines, policies, and procedures, please visit: [www.jjay.cuny.edu/apply-non-john-jay-degree-student](http://www.jjay.cuny.edu/apply-non-john-jay-degree-student)*

**Non-degree students are limited to a total of twelve credits unless they are part of a registered certificate program or the Addiction Studies Program. Senior auditors are limited to two courses per semester.**

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**STEPS TO APPLY:**

1. Complete this application in its entirety and sign and date where indicated.
2. Attach a non-refundable check or money order application fee of \$65 payable to: **JOHN JAY COLLEGE.**
3. For first-time college students (or college students with less than 24 college credits), a final high school transcript showing proof of graduation, or GED scores, as well as SAT or ACT scores, are required.
4. For applicants with prior college or university course work, a transcript from every prior institution attended, in addition to proof of high school graduation, is required.
5. The completed application, non-refundable application fee, and transcript(s) should be sent to:

*John Jay College of Criminal Justice  
Office of Admissions, L. 64.00 NB  
524 West 59<sup>th</sup> Street  
New York, NY 10019*

*\* Applications will not be considered unless all application procedures listed above have been completed.*

**SENIOR AUDITORS**

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 for senior auditors.** All senior auditor applicants must submit identification for verification of age and residency. The following forms of identification are acceptable for admission:

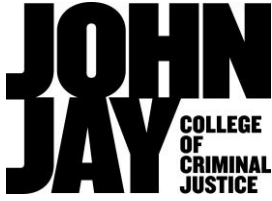
**Driver's License**

**Birth Certificate**

**U.S. Passport**

**Medicaid Card**

Senior 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 submit the Undergraduate Non-Degree/Visiting Student Application. The \$65 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.



**For Office Use Only**

Date Reviewed: \_\_\_\_\_ Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_

Admit for: Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Application Fee:  Yes, Date: \_\_\_\_\_  No  Waived Check # \_\_\_\_\_

Comments: \_\_\_\_\_

**Please type or print in Part I, II, and III.**

**Part I: Personal Information**

Please check one:  Mr.  Ms.  Mrs.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (home): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone (cell): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *\*If you do not have a social security number, a unique identifying number will be assigned to your file and will not affect your admission status.*

1. Length of time residing in New York State: \_\_\_\_\_ years, \_\_\_\_\_ months

2. Are you U.S. citizen?  Yes  No\* Country of Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

*\*If No, please select one of the following:*

U.S. Permanent Resident: \_\_\_\_\_  
Alien Registration (I551) Card # Date Obtained (MM/YY)

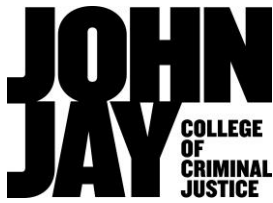
Temporary Visa: \_\_\_\_\_  
Type of Visa Date Obtained (MM/YY) Exp. Date (MM/YY)

3. Have you ever attended a CUNY institution?  Yes\*  No

*\*If yes, what is your EMPL ID?* \_\_\_\_\_

4. Have you attended John Jay College of Criminal Justice in the past?  Yes  No

*\*If yes, when did you attend?* \_\_\_\_\_



**Part II: Educational Experience, Course Selection, and Certification**

List all high schools and all colleges you have attended:

Institution	State	From (MM/YY)	To (MM/YY)	Major	Degree Awarded	Date	Credits Completed

**Which semester are you applying for?** Fall 20\_\_\_\_\_ Winter 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_

List the course(s) you wish to register for and indicate the four/five digit class number, course, and section from the [Schedule of Classes](#).

1. Class Number: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_
2. Class Number: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_
3. Class Number: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_
4. Class Number: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_

**PLEASE NOTE: Course registration is dependent on space availability and there is no guarantee that you will be able to enroll in the course(s) of your choosing. Additionally, certain courses require pre-requisites which must be fulfilled prior to registration; otherwise, you will not be permitted to register for your course(s).**

Registration for non-degree students is on a first-come, first-served basis and course priority is given to current John Jay College matriculated students. Some course sections are limited to special populations of students which may prohibit you from registering for a particular course. Other courses may also require special permission from the chairperson of the academic department in which that course is sponsored.

All students must comply with New York State Public Health Laws. This law requires that all college students, born on or after January 1, 1957, must provide proof of immunization prior to registering for classes. Please have this [Immunization Form](#) completed and sent to the Health Office as soon as possible.

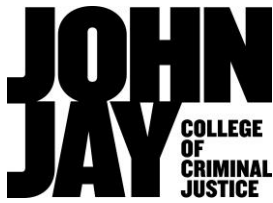
If you have any questions, please contact the Health Office directly at (212) 237-8052, or e-mail:

[healthoffice@jjay.cuny.edu](mailto:healthoffice@jjay.cuny.edu).

I hereby certify that all of the information contained and submitted with this application is accurate and complete and realize that failure to file the appropriate application by the listed deadline 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: \_\_\_\_\_



**Part III: Ethnicity Information**

Response to the following questions is voluntary, and the information will be kept confidential. Refusal to provide this information will not subject your 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?

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3. 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 U.S. Territories			
Born in Puerto Rico			
Born outside the U.S.			

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:

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**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