

SENIOR CITIZEN STUDENT APPLICATION

File this application if:

- you are a New York resident 60 years of age or older
- you want to audit a course
- you do not want to enroll in business courses

Please submit the following documents along with the application:

- proof of high school graduation, GED, or transcripts of all prior college coursework (no web based transcripts)
- proof of age

Application for: Fall _____ Winter _____ Spring _____ Summer _____

Social Security number: _____ Date of Birth: _____

Mr. Ms. _____
LAST FIRST MI

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Length of time at the above address _____ in NYC _____ in NYS _____
Years/Months Years/Months Years/Months

Telephone: (____) _____ Email Address: _____

Are you a U.S. Citizen? YES NO

If no, state the Country of Birth: _____ Country of Citizenship: _____

Immigration Status: U.S. Permanent Resident: _____
Alien Registration Card# Date Issued Expiration Date

Other: _____
Please Specify Type of visa

High School or College Attended: _____

List courses you wish to take by discipline and number (e.g., ART 1000):

Acceptance of this application **does not** guarantee course availability at the appointed registration time.

I hereby certify that the statements on this application and all the supporting documents are true. I realize that fraudulent information may affect my status at Baruch College.

Signature

Date