JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

OFFICE OF THE REGISTRAR
445 WEST 59TH STREET, ROOM 4113N.
NEW YORK, N.Y. 10019
PHONE NUMBER 212-237-8878
FAX NUMBER: 212-237-8875

APPLICATION FOR READMISSION – GRADUATE STUDIES

(*All applications must be filed no later than ONE MONTH PRIOR TO REGISTRATION)

SEMESTER APPLYING FOR: _____ DATE OF APPLICATION: _____

Submit this completed form and your check for $10.00 to the above address, attention GRADUATE STUDIES Room 4113N.
For information, call (212) 237-8042.

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

EMAIL ADDRESS (PRINT CLEARLY):_____

DATE OF BIRTH: _____ TELEPHONE: _____ _____
HOME CELL

ADDRESS: _____
Number & Street City State Zip Code

MAJOR FIELD OF STUDY: _____ LAST SEMESTER AT JOHN JAY: _____

HAVE YOU ATTENDED OTHER COLLEGES SINCE YOU LAST ATTENDED JOHN JAY? _____ YES (see below) _____ NO

LIST INSTITUTIONS YOU ATTENDED SINCE YOU LAST ATTENDED JOHN JAY

INSTITUTION	DATES OF ATTENDANCE	DEGREES (if any)

(NOTE: TRANSCRIPTS OF WORK COMPLETED AT INSTITUTIONS ABOVE MUST BE ON FILE AT THE OFFICE OF THE REGISTRAR BEFORE YOU WILL BE PERMITTED TO RE-ENTER.)

PLEASE COMPLETE ITEMS 1 AND 2 BELOW: (CHECK ONLY ONE BOX)

1. Ethnic Survey: Please mark "X" in the category that best describes you.

_____	(01)	White, Non-Hispanic	_____	(05)	Asian or Pacific Islander
_____	(02)	Black, Non-Hispanic	_____	(06)	Amer. Indian or Native Alaskan
_____	(04)	Hispanic	_____	(07)	International Student Visa

2. Health Alert: Please mark "X" whether or not you have a health problem or disability that requires special accommodations to enable you to pursue a course of study.

A. _____ (1) No _____ (2) (If yes mark "X" in all boxes that apply)

_____ a. Wheelchair Bound	_____ f. Speech Impairments
_____ b. Blind (legally)	_____ g. Cardiac Condition
_____ c. Braces/Crutches	_____ h. Seizures
_____ d. Deaf/Severe Hearing Loss	_____ i. Learning Disability
_____ e. Neurological Impairments	_____ j. Other

FOR OFFICE USE ONLY

APPROVED: _____ DENIED: _____ NOTIFIED: _____
Initial & Date Initial & Date Initial & Date