



**Undergraduate Visiting or Non-Degree Status Application**

1. Attach a personal check or money order in the amount of \$25 made payable to: John Jay College. This payment covers the required non-refundable application fee. (If you are a readmitting non-degree student, this application is free.)
2. Submit original copy of high diploma or general equivalency diploma and test scores with this application.
3. For every institution attended above high school level, you must present a student copy of your transcript. This includes any academy/training transcripts.
4. **Application for admissions will not be considered unless all application procedures listed above have been completed.**

Note: 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 to non-degree students. Non-degree students must have a cumulative grade point average of a 2.00 as established for matriculated students.

Completed application and fee should be sent to: **John Jay College of Criminal Justice**  
**Office of Undergraduate Admissions**  
**445 West 59<sup>th</sup> Street**  
**New York, NY 10019**

**Non-Discriminatory Admissions Statement**

The City University does not discriminate on the basis of age, sex, race, creed, color, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.

**Please type or print all sections**

**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 admissions status.

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

2. Are you a citizen of the United States of America?    Yes     No, birthplace: \_\_\_\_\_

If No, which of the following indicates your status as non-citizen? (Check one only)

Immigrant (permanent resident)     Alien Registration Number, Date of Entry \_\_\_\_\_ / \_\_\_\_\_  
Month      Year

Other (please specify): \_\_\_\_\_



Applicant Name: \_\_\_\_\_

**Part II: Educational Experience**

List all high schools and all colleges you have attended:

Name of Institution	State	From	To	Degree	Date	Major	Credits Completed

Have you ever attended John Jay College of Criminal Justice?     Yes     No

Place of employment: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

Person to notify in case of emergency:

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

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

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

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

I hereby certify that all of the information in this application is accurate and complete. I realize the 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: \_\_\_\_\_

**For Office Use Only**

Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_

Application Fee:  Yes, Date: \_\_\_\_\_  No

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

Comment: \_\_\_\_\_



Applicant Name: \_\_\_\_\_

**Part III: Demographic 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. Which category describes you best? (Check one only)**

- Black, non-Hispanic (2)
- White, non-Hispanic (1)
- Hispanic (4)
- Asian or Pacific Islander (5)
- American Indian or Native Alaskan (6)
- Other, please specify (7): \_\_\_\_\_

**2. From what country or part of the world did your family originally come from? \_\_\_\_\_**  
 (Select country code on page 4 for the country or part of the world of which you most identify.)

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

	You	Mother	Father
<b>Born in the United States excluding Puerto Rico or U.S. Territories</b>			
<b>Born in Puerto Rico</b>			
<b>Born outside the U.S.</b>			

**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 select the languages from page 4 and indicate below:

Your Native Language: \_\_\_\_\_ Other Language Spoken: \_\_\_\_\_

**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



Applicant Name: \_\_\_\_\_

**Table of Countries**

<b>Country</b>	<b>3 digit code</b>	<b>Country</b>	<b>3 digit code</b>	<b>Country</b>	<b>3 digit code</b>
China: Mainland	032	Israel	075	Haiti	066
China: Taiwan	148	Nigeria	113	Jamaica	077
Hong Kong	170	South Africa	139	Panama	117
Korea	083	Columbia	033	Puerto Rico	185
India	070	Cuba	038	Trinidad	153
Thailand	150	Vietnam	178	Ecuador	046
Germany	056	Poland	122	Soviet Union	158
The Philippines	121	Guyana	065	Italy	076
Greece	060	Ireland	074	U.S.A.	173
Dominican Republic	045	England, Scotland or Wales	160		

**Table of Languages**

<b>Language</b>	<b>3 digit code</b>	<b>Language</b>	<b>3 digit code</b>	<b>Language</b>	<b>3 digit code</b>
Afrikaans	002	Finnish	051	Polish	158
Akan	003	Flemish	052	Portuguese	159
Albanian	004	French	054	Punjabi	161
Arabic	006	Ganda	060	Romanian	166
Armenian	007	Georgian	061	Russian	170
Assamese	008	German	062	Samar-Leyte	171
Azerbaijani	010	Greek	066	Sebro-Croatian	175
Baule	015	Guarani	067	Slovak	183
Beja	016	Hebrew	075	Somali	186
Bemba	017	Hindi	076	Spanish	190
Bengali	018	Hungarian	078	Swahili	192
Berber	019	Iban	079	Swedish	194
Beti	020	Indonesian	084	Thai	204
Bularian	025	Italian	085	Tibetan	207
Burmese	026	Japanese	086	Tonga	211
Buyi	027	Kamba	089	Tswana	212
Byelorussian	028	Kongo	102	Tulu	214
Cantonese	029	Korean	104	Turkish	216
Chinese	034	Kurdish	105	Ukrainian	220
Czech	036	Lao	107	Urdu	221
Danish	037	Latvian	109	Vietnamese	223
Dong	040	Lithuanian	111	Wolaytta	224
Dutch-Flemish	041	Moldavian	138	Yiddish	230
Dyerma	042	Mongolian	139	Zande	232
English	045	Nepali	142	Creole	236
Esperanto	046	Norwegian	145	Gaelic	238
Estonian	047	Pampangan	152	Pilipino	243
Ewe	048	Persian	157	Samoan	247

**If your country or language is not listed, please specify on the survey.**



### Immunization Requirements

**Please read entire instruction. You will not be allowed to register until this requirement is met. Complete this process NOW.**

As required by New York State Public Health Law #2165, all college students must show proof of immunity against measles, mumps and rubella in order to attend classes. Students born on or after January 1, 1957 must comply with this law.

#### **What is accepted to satisfy the immunization requirement?**

One of the following types of proof must be provided before you are permitted to register:

- Copy of immunization records showing TWO doses of measles vaccine (at least 30 days apart) and ONE dose of mumps and rubella (given after your first birthday, and designated “live vaccine” for measles and rubella if given before 1968. Mumps vaccine must be after 1969); **or**
- Blood test results (“titers”) showing immunity to all three diseases; **or**
- Written medical or religious documentation of factors which prohibit you from being immunized.

Pregnant women cannot receive vaccines. If you have no record of immunization, you must have blood titers done for measles, mumps, and rubella.

#### **How to satisfy the immunization requirement?**

The enclosed immunization form should be completed by your physician, **or** it may be completed based on your high school or military immunization records. If your previous immunization records cannot be obtained, you must either have blood drawn to test your immunity (titers), **or** take the vaccines again. Bring the original documents to the Health office if you have a childhood record. (If you decide to retake the vaccines, begin the process EARLY, since you must wait at least 30 days between the two measles doses.)

#### **Where can I receive vaccination?**

Free immunizations are available at the Chelsea Health center, 303 Ninth Ave. between West 27<sup>th</sup> and West 28<sup>th</sup> Street. The clinic is open Monday, Tuesday, Thursday, and Friday, 8:30AM to 2:00PM. Student will be seen on a first-come-first-served basis. You are advised you arrive by 8:00AM.

If you have questions regarding the immunization requirements, contact the College’s Health Office 212-237-8052 or in room 2308N.