Brooklyn Campus of Long Island University APPLICATION FOR VISITING STUDENT ADMISSION

1 University Plaza · Brooklyn, NY 11201 · Phone: 718-488-1011 · Fax: 718-797-2399 · Email: admissions@brooklyn.liu.edu

Kerationship to student					
Deletionship to student	p to student Contact Number				
Please list parent, next of kin,	<u>-</u>		•		
Current Employer (optional)	oyer (optional) Position				
Visiting from which college		Dates of Attendance			
White/Non-Hispanic Oth	er (Please Specify)				
American Indian/Alaska Native		_	nic Hispanic		
Which of these best describes	•				
Type of Visa	Date entered	Date entered Expiration Date			
If you are not a U.S. Citizen of	or U.S. Permanent Resi	ident, and are in the U	nited States:		
U.S. Citizen U.S. Permane	nt Resident Other C	Citizenship (specify	country)		
Home Telephone : ()	Cell 1	Phone: ()			
E-mail Address:		Gender	r (please circle): M		
City	State	Z	ip Code		
			Apt./Suite #		
Mailing Address (If different t					
City	State	State Zip Code			
Home Address			Apt./Suite#		
Social Security Number		Date of Birth	//////		
First Name	Last Name				
BIO/ DEMO INFORMATIO	N				
If prior applicant please indicat		ied to Long Island Univ	ersity		
• Status: Freshman Trans					
 Visiting semester date: Fall 	Spring Sum	mer Y ear 20			

Undergraduate students attending and in good standing at other accredited colleges or universities who wish to enroll at the Brooklyn Campus of Long Island University may apply as Visiting Students (non-matriculated). Inquiries should be directed to the Office of Admissions. Admission as a Visiting Student does not imply admission to a degree program at the Brooklyn Campus, and Visiting Students are not eligible to receive Brooklyn Campus financial aid. Visiting Students who wish to pursue a degree at the Brooklyn Campus must apply at the Office of Admissions.

Graduate students who are degree candidates in good standing at other universities may be granted permission to attend courses at Long Island University upon filing a Visiting Student application for the courses and submitting a letter of authorization from the graduate school that they are attending. Courses in the Ph.D. programs and field experience courses need additional departmental approval.

Please visit our website at <u>www.brooklyn.liu.edu</u> to view our entire schedule of classes and check dates, times and seat availability.

Class ID #	Subject	Course #	Section	Credits/Units	Course Title

Please note: By filling in the bubble next to the following three statements, you are agreeing to the terms listed. Failure to fill in <u>all</u> three bubbles will result in your registration <u>not</u> being processed.

I authorize the Office of the Registrar to process registration for the above-listed course (s)
in my behalf.
I understand the course(s) I wish to register may have requisites which I do not wish or
need to take.
I understand it is my responsibility to submit in writing, official notification if I will not be
attending and would like to withdraw from my courses and that I am responsible for any
fees or fines related to withdrawing from these courses.

I certify that all information provided is accurate and complete. I further understand that the Brooklyn Campus reserves the right to amend or rescind any acceptance or scholarship award if it is discovered that I have withheld or falsified any information. I understand that an offer of admission to the Brooklyn Campus of Long Island University for a particular program of study and semester does not imply later admission to any other program or for any other semester.

SIGNATURE OF APPLICANT

DATE

Long Island University does not discriminate on the basis of sex, sexual orientation, race, color, creed, national origin, religion, age, handicap or political belief, in any of its educational programs and activities, including employment practices and its policies relating to recruitment and admission of students.