



Office of Admissions
 LIU Brooklyn
 1 University Plaza
 Brooklyn, NY 11201
 Phone: 718-488-1011
 Fax: 718-780-6110
 bkln-admissions@liu.edu

APPLICATION FOR ADULT DEGREE COMPLETERS

Please type or print in black ink.

Starting semester date Fall Spring Summer Year 20 _____
 Status Freshman Transfer Graduate Intended Major _____
 If prior applicant please indicate last semester you applied to Long Island University _____

BIO/DEMO INFORMATION

First Name _____ Middle Name _____ Last Name _____
 Social Security Number -- Date of Birth / /
 Home Address _____ Apt./Suite # _____
 City _____ State _____ ZIP _____

Mailing Address (If different than home address):
 _____ Apt./Suite # _____
 City _____ State _____ ZIP _____

Email Address: _____ Gender (please circle): M F

Home Telephone: (____) _____ Cell Phone: (____) _____

U.S. Citizen U.S. Permanent Resident Other Citizenship (specify country) _____

If you are not a U.S. Citizen or U.S. Permanent Resident, and are in the United States:

Type of Visa _____ Date entered _____ Expiration Date _____

Which of these best describes your background? (response is optional)

American Indian/Alaska Native Asian/Pacific Islander Black/Non-Hispanic Hispanic
 White/Non-Hispanic Other (Please Specify) _____

Please list parent, next of kin, or other person to be contacted in case of emergency

Relationship to student _____ Contact Number _____

I am interested in:

- On-line Portfolio for Adult Learners (Project OPAL)—a guided seminar course to earn credit for life experience.
- Receiving credit for CLEP, AP and other credit by examination
- Completing coursework during evening and weekends only
- Part-time study only

Current Employer (optional) _____ Position _____

Previous Schools Attended	Location City/State/Country	Dates of Attendance				Number Credits or Degree
		From		To		
		Month	Yr.	Month	Yr.	

Please note any health, physical, or psychiatric disabilities (this voluntary self-identification enables LIU to offer appropriate supportive services to facilitate your learning):

You may use the form below to register for specific classes as a Non-degree or part-time student. Please carefully read and complete the directions that follow below. Visit our website at liu.edu/brooklyn 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 all three bubbles will result in your registration not being processed.

- I authorize the Office of the Registrar to process registration for the above-listed course(s) on my behalf.
- I understand the course(s) I wish to register may have prerequisites 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 LIU Brooklyn 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 LIU Brooklyn 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.