

**APPLICATION for MATRICULATION**

Last Name	First Name	CUNY first #:	Phone No.
Address	Apt. No.	Former Name (if applicable) Last Name	First Name
City	State	Zip	
Student's Signature _____			Date _____
<ul style="list-style-type: none"> <li>I wish to attend (choose one): <input type="checkbox"/> Days <input type="checkbox"/> Evenings &amp;/or Weekends</li> <li>I wish to be enrolled in the following Curriculum and Concentration (please circle the appropriate code) &amp; wish to be matriculated in the <input type="checkbox"/> Fall Semester 20____. <input type="checkbox"/> Spring Semester 20____.</li> </ul>			

**Please Note:** Matriculated (Degree) students must have an official transcript from their high school, college (If applicable) or proof of GED on file in the Registrar's Office. Failure to do so will prevent you from matriculating. Missing documents should be mailed to the Registrar's Office to the attention of **Ms. E. Grau, Assistant Registrar.**

	<b>AA DEGREES</b>	<b>AAS DEGREES (cont.)</b>	<b>AS DEGREES (cont.)</b>	<b>AS DEGREES (cont.)</b>
<b>Liberal Arts</b>	General Liberal Arts Secondary Education Women's & Gender Studies Children's Studies Global & Environmental Studies Baruch Business Transfer English Philosophy	Tourism & Hospitality Hospitality Tourism Food & Beverage Management Sports Management	Biology General Biology Allied Health	Education Studies Early Childhood (Birth—2 <sup>nd</sup> Grade) Childhood (K <sup>st</sup> —6 <sup>th</sup> Grade) Exercise Science/Pers. Trng. Speech Communication Communication Studies Speech Pathology
<b>Criminal Justice</b>	Maritime Technology	General Maritime technology	Domestic Violence Counseling Substance Abuse Counseling	Biotechnology Journalism & Print Media Chemical Dependency Counseling Early Childhood Ed./Childcare
<b>Computer Info. Systems</b>	Physical Therapy Assistant	Marine Technician	Theatre Arts Performance	Infant/Toddler (Birth-3 years) Childhood (K-6th Grade)
<b>Office Admin. &amp; Technology</b>	Graphic Dsgn/Illustration	General Graphic Design Animation	Fine Arts Technical Production	Earth & Planetary Science Science for Forensics
	Sten/Executive Sten/Legal Sten/School Med. Word/Info. Process. Word/Info. Process.	Website Dvlpmnt & Admin. Surgical Technology Fashion Design Culinary Arts	Art History Ceramics Drawing & Painting Photography	Alcoholism & Substance Abuse Culinary Arts
<b>Emergency Medical Service Paramedic</b>				<b>CERTIFICATES</b>
<b>Phys Ed, Rec &amp; Rec Thrpy</b>				
Recreation & Rec Therapy Sports Management Teaching Phys. Ed. K-12	Accounting Business Administration Media Technology/Mgmt.	Engineering Science Community Health Health Administration Health Edu. & Promo.		
<b>OTHER</b>				
<b>Indicates Day Session Only</b>	Gerontology			
OFFICE USE ONLY	High School Name _____	CUNY Test taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduated High School/GED on _____
Entered KCC _____	CUM INDEX: _____			Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Previous College _____	Date Entered on Database & Requirements Sent _____			