

# Office of Admissions NON-DEGREE APPLICATION

#### Instructions

(Applicants are advised to thoroughly read all instructions before completing this application)

#### **NON-DEGREE STUDENTS**

Non-degree applicants are those who wish to register for credit bearing courses but are not seeking a degree at Medgar Evers College. The criteria for non-degree admissions are as follows:

- Applicants with prior college attendance must submit a copy of their transcripts as proof of good academic standing
- All other applicants must submit proof of High School graduation transcript or GED diploma with scores.
- Proof of residency.

Applicants who have a bachelor's degree or higher may also apply as a non-degree candidate. However, such applicants must show proof of obtained degree. *Copy of a transcript with the indication of the date of graduation is acceptable.* 

All non-degree students (including Worker Education) with a maximum of fifteen (24) credits accumulated at Medgar Evers College; and a minimum Grade Point Average (GPA) of 2.0 and over, are required to apply for matriculation into a degree program.

\*\*\*Please note that non-degree students are not eligible for financial aid\*\*\*

## **VISITING STUDENTS**

Visiting students are those students who are currently enrolled in a degree-bearing program at another institution but wish to take courses at MEC.

## STUDENTS FROM NON-CUNY COLLEGES:

Non-CUNY visitors must submit written permission from their institution to take courses at Medgar Evers College. <u>A</u> new letter or permit must be submitted every semester.

1. A non-refundable application processing fee of \$65.00, in the form of a certified check or money order only **Personal checks are NOT accepted.** 

Payment should be made out to Medgar Evers College.

2. Return completed application, money order, and all required documents to:

Medgar Evers College Office of Admissions 1637 Bedford Avenue, RM. S-120 Brooklyn, NY 11225

3. All non-degree applicants must fulfill CUNY and college-wide requirements in reading, writing, and mathematics, and must complete pre-requisite courses before enrolling in college level or advanced level courses. Permit students and Baccalaureate degree holders are exempt from taking the placement test.

Note: Applicants born after December 31, 1956 are required by New York State Law to submit proof of two immunizations for measles and one immunization each form mumps and rubella before attending classes. Proof of immunization is to be submitted to the Health Services Office, Room S-217.



# **NON-DEGREE APPLICATION**

**Summer Session 1** Start Date: 02/05/2024 - End Date: 05/30/2024 **Summer Session 2** Start Date: 02/05/2024 - End Date: 07/11/2024 **Fall** Start Date: 02/05/2024 - End Date: 08/23/2024

<b>Desired Start Date:</b> Fall Winter Spring	Summe	r Year		
Last Name: First Name: Any Prior Name(s): Suffix (Jr., Sr.): Date of Birth: Female: Male:	Non-b	inary: Social Security N Number:	CUNY EMPLI umber (required):  Zip Code:	
Citizenship Status:  Are you a U. S. Citizen Permanent Resident  Note: All students on F-1 Visa must see the International Str  Are you a Veteran of the United States Armed Services?	udent A	lvisor.	terans must provide	their DD214.
Ethnicity: Indicate your race by selecting one or more optio  American Indian or Alaskan Native Asian Hispanic/Latino Native Hawaiian or Other Pacific	Black or .			
Previous dates of attendance at Medgar Evers College: From: to  MM/DD/YYYY  Do you hold a N.Y. State Registered License?		Course: EMPID:		
Yes No No Did you earn a Degree/Certification from Medgar Evers College?  Yes No Graduation Date:  MM/DD/YYYY		Residency Status  In State:  Out-of-State:	Enrollment Status  Accepted:  Rejected:  Pending:	Taken By:
Please list your High School/GED and all post-secondary ins  College/High School/GED Center  Dates of Attendance MM/YY to MM/YY		ions you have attended. (Include College Now)  redits/Degree Awarded or Type of Diploma  Location City/State		
I hereby certify that all information given on this application is accurate and comp confidentially and will be used for institutional purpose only. I realize that fa understand that my application will not be processed until all the necessary docur FOR ALL COMMUNICATION CO	ilure to pro nents are re	vide complete and accura sceived by the Office of A	te information may affect indmissions. PLEASE CHI	my readmission. I

Date: \_\_\_\_\_

Applicant's Signature: