# C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

C.W. POST CAMPUS

LONG ISLAND UNIVERSITY

## UNDERGRADUATE FALL/SPRING VISITING APPLICATION

720 NORTHERN BOULEVARD • BROOKVILLE, NEW YORK 11548
PHONE (516) 299-2900 • FAX (516) 299-2137

*Complete this application for fall or spring enrollment and* ***attach a letter of permission from your home school.*** *You may mail, fax or submit these documents in person to the Office of Admissions.*

Semester you wish to enroll_____

Social Security No. ☐☐☐-☐☐-☐☐☐☐ Date of Birth ____/____/____

Name (Mr) (Ms) _____

Address_____

Home Telephone _____ Cell Phone _____

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

E-mail address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

List high schools and colleges you have attended and degrees earned, beginning with the most recent.

_____

_____

_____

Have you previously applied to C.W. Post? If yes, when? _____ Term Year _____

Have you ever been denied admission to C.W. Post? If yes, when? _____ Term Year _____

Course(s) you wish to register for: _____

_____

_____

Have you ever been suspended or dismissed for academic reasons from another academic institution? Yes_____ No_____

Have you ever been placed on **disciplinary** probation, been suspended or dismissed for **disciplinary** reasons from another academic institution? Yes_____ No_____

Have you ever been charged with, convicted of or plead guilty or no contest to a felony? Yes_____ No_____

If you answered yes to any of the above questions, please attach an explanation. (Answering "yes" will not automatically prevent admission, but any falsification is grounds for denial or reversal of acceptance decision.)

Signature _____ Date_____

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

**FOR OFFICE USE ONLY**

**A10 Std Admt** _____ **Date** _____

**Dec Ltr** _____ **Counselor:** _____

VISITING APPLICATION
Admit Type: Visiting
Program/Plan: Visiting
A10 SERVICE INDICATOR