



The City University of New York

## REQUEST FORM TO FULFILL ADMISSION CONDITIONS

Please submit supporting document(s) with this request form. Include official transcript(s) or CLEP exam score report(s).

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

Date: \_\_\_\_\_ Graduating this Semester? Yes \_\_\_\_\_ No \_\_\_\_\_

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Admission Condition(s) as stated in your Acceptance Letter: \_\_\_\_\_

Course/Exam Used to Fulfill Admission Condition(s): \_\_\_\_\_

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For Office Use Only:

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Comment \_\_\_\_\_