



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 _____

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

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

For Office Use Only:

Approved _____ Not Approved _____

By mail: Hunter College, School of Education, 695 Park Ave. 1000W, New York, NY 10021
By fax: 212-772-5334

Submit form

Comment _____