

Office of Admissions LIU Brooklyn 1 University Plaza Brooklyn, NY 11201 Phone: 718-488-1011

Fax: 718-780-6110 bkln-admissions@liu.edu

APPLICATION FOR VISITING STUDENTS/WINTER SESSION

Please type or print in black ink.

Visiting semester date Fall Spi	ring $\ \square$ Summer Year 20 $_$			
Status Freshman Transfer	Graduate			
If prior applicant please indicate las	t semester you applied to Long	Island University		
F:N	A C. L. II. A I			
First Name				
Social Security Number	Date of Birth			
Home Address		Apt./Suite #		
City	State	ZIP		
Mailing Address (If different than ho	me address):			
		Apt./Suite #		
City	State	ZIP		
Email Address				
Home Telephone ()	Cell Phone ()		
U.S. Citizen U.S. Permanent	Resident Other Citizenship	(specify country)	_	
If you are not a U.S. Citizen or U.S.	Permanent Resident, and are	in the United States:		
Type of Visa	Date entered	Expiration Date		
Which of these best describes your	background? (response is opti-	onal)		
American Indian/Alaska Native	Asian/Pacific Islander 🗌 Bla	ack/Non-Hispanic 🗌 Hispanic		
\square White/Non-Hispanic \square Other (F	Please Specify)			
Please list parent, next of kin, or oth	ner person to be contacted in ca	ase of emergency		
Relationship to student	Con	tact Number		
Please note any health, physical, or appropriate supportive services to fa		luntary self-identification enables LIU to c	offe	

Undergraduate students attending and in good standing at other accredited colleges or universities who wish to enroll at LIU Brooklyn may apply as Visiting Students (non-matriculated). Inquiries should be directed to the Office of Admissions. Admission as a Visiting Student does not imply admission to a degree program at LIU Brooklyn, and Visiting Students are not eligible to receive financial aid. Visiting Students who wish to pursue a degree at LIU Brooklyn must apply at the Office of Admissions.

Graduate students who are degree candidates in good standing at other universities may be granted permission to attend courses at LIU Brooklyn upon filing a Visiting Student application for the courses and submitting a letter of authorization from the graduate school that they are attending. Courses in the Ph.D. programs and field experience courses need additional departmental approval.

Section

Credits/Units

Course Title

Please visit our website at **liu.edu/brooklyn** to view our entire schedule of classes and check dates, times and seat availability.

Course #

Class ID #

Subject

Please note: By che Failure to fill in all th	•		•		ng to the terms listed.		
☐ I authorize the Office of the Registrar to process registration for the above-listed course(s) on my behalf.							
\square I understand it is	my responsibility from, my courses	y to submit in wr	iting official noti	which I do not wish fication if I will not be any fees or fines rela	e attending, and would		
the right to amend o falsified any informa	r rescind any acc tion. I understan	ceptance or scho d that an offer of	olarship award it admission to L	ner understand that L f it is discovered that IU Brooklyn for a pa gram or for any other	rticular program of		
SIGNATURE OF APPLIC	 CANT				DATE		

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