



UNDERGRADUATE FALL/SPRING VISITING APPLICATION

720 NORTHERN BOULEVARD • BROOKVILLE, NEW YORK 11548-1300
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 it in person to the Office of Admissions.

Semester you wish to enroll Fall Spring

Social Security No. _____ Date of Birth _____

Name (Mr.) (Ms.) _____

Address _____
 street Apt# City State ZIP

Home Telephone _____ Cell Phone _____

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

Email address

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

Have you previously applied to LIU Post? If yes, when? _____ Term Year _____

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Course(s) you wish to register for: _____

Have you ever been suspended or dismissed for academic reasons form 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 _____

LIU 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: Visting
Program/Plan: Visiting
A10 SERVICE INDICATOR