

## VISITING STUDENT CHECKLIST AND APPLICATION

We are glad that you are planning to take courses at Lehman College. If you are currently enrolled at another college or university, this is the application process to complete! If you are not currently enrolled at another college or university, you would need to apply as a “non-degree student.” [Click here](#) for that application and instructions.

\_\_\_\_\_ Compile the information needed to apply as a Visiting Student:

\_\_\_\_\_ Completed *Application for Visiting College Students* (pages 2-3 of this PDF)

\_\_\_\_\_ Copy of your unofficial transcript

\_\_\_\_\_ *The following requirement is waived for students who are only taking online courses or who are registering for fewer than 6 in-person or hybrid credits in a semester: Complete Part 1 of the **Medical Requirements** form (page 4 of this PDF) and provide acceptable documentation of your immunization history. If you can provide a printout of your immunization history, your doctor does not need to complete Part 2 of the form. Additional information regarding this requirement can be found at:*

<http://www.lehman.edu/student-health-center/immunization-requirements.php>.

\_\_\_\_\_ Submit all application materials as attachments to [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu) or via the virtual [filedrop](#), which can only be accessed by Lehman staff.

\_\_\_\_\_ The non-refundable application fee (\$65 for New Undergraduate Students, \$75 for New Graduate Students, and \$20 for Returning Visiting Students) will be billed to your account when your application has been processed. It can be paid online with the rest of your tuition and fees. Once your application is processed this fee is due, even if you eventually do not take courses at Lehman as a visiting student.

Once received, complete applications are processed, and students are registered for courses within approximately 2-4 business days (please note that visiting student registration usually begins during the second week of the registration period). The Office for Special Academic Sessions will obtain necessary approvals for courses that have prerequisites and will contact applicants if there are any issues.

Once the application has been processed, visiting students will receive an email from the Office for Special Academic Sessions confirming their registration status and providing useful information regarding accessing CUNYfirst, payment options, claiming a Lehman College email account, etc.

Please email [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu) with any questions.



Office for  
Special Academic  
Sessions

Shuster Hall Room 182  
250 Bedford Park Blvd West  
Bronx, NY 10468

Phone: (347) 577-4022

Email: [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu)

## APPLICATION FOR VISITING COLLEGE STUDENTS

For NON-CUNY only. If you attend another CUNY college, follow the [CUNY permit procedures](#) to attend Lehman.

### COMPLETE AND RETURN THIS FORM TO LEHMAN COLLEGE

**Applications can be submitted via email: [visiting.students@lehman.cuny.edu](mailto:visiting.students@lehman.cuny.edu) or the [virtual file drop](#).**

**APPLICATION FEE: \$65 for new undergraduate visiting students, \$20 for returning visiting students.  
\$75 for new graduate visiting students.**

PLEASE CHECK APPROPRIATE BOX:  UNDERGRADUATE  GRADUATE  RETURNING

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Any Prior Name \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country (if non-USA) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_ Email \_\_\_\_\_

(Please provide CURRENT telephone & email information so you may be contacted when your application is received)

I am applying for (*please check and add the year*):  Fall 202\_\_  Winter 202\_\_  Spring 202\_\_  Summer 202\_\_

I am a student currently enrolled at \_\_\_\_\_ College/University.

**AND**  I am submitting a student copy of my (home) college transcript.

I would like to take the following course(s). List next to each course how you satisfied any prerequisite for the course:

**(Please note: Visiting Students are not eligible to enroll in PSY 305: Experimental Psychology I)**

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

Course #/Title \_\_\_\_\_ 4-5 digit code: \_\_\_\_\_ Prerequisite taken? \_\_\_\_\_

How did you hear about Lehman? \_\_\_\_\_

**Note: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran's status.**

**The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus.**

(Over) ➡



# MEDICAL REQUIREMENTS

Completion of the Meningitis Response Section (Part 1) and  
MMR Immunization Records (Part 2) are required before registration.\*

Name: \_\_\_\_\_ EMPLID#: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

**Part 1- TO BE COMPLETED AND SIGNED BY STUDENT**  
**(OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18)**

**MENINGOCOCCAL MENINGITIS.**

CHECK ONE (1) BOX ONLY

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I have been vaccinated within 5 years. The vaccine record is attached.

**OR**

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis. \* Meningitis Vaccine is not available at the health center.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 2 - TO BE COMPLETED, SIGNED, AND STAMPED BY YOUR HEALTH CARE PROVIDER**  
**OR Submit proof of immunizations (see reverse side for details)\***

M.M.R. (Measles, Mumps, Rubella) (Two doses given after 1/1/1973)

1. Dose 1 given at age 12 months or later..... Date: \_\_\_/\_\_\_/\_\_\_

2. Second dose given 28 days later & after 15 months of age... Date: \_\_\_/\_\_\_/\_\_\_

**OR**

3. Copy of Laboratory Report proving immunity must be submitted. (MMR Titer)

**OR**

Single immunizations (two measles, one mumps or one rubella (must have been given between 1-1-68 and 12-31-72).

Measles 1 Date \_\_\_/\_\_\_/\_\_\_

Measles 2 Date: \_\_\_/\_\_\_/\_\_\_

Mumps Date \_\_\_/\_\_\_/\_\_\_

Rubella Date: \_\_\_/\_\_\_/\_\_\_

**I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity.**

Physician signature AND stamp required \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Stamp: \_\_\_\_\_

## Medical Requirements

*Meningitis and MMR Immunization Records are required before registration*

### New York State Public Health Law 2167-Meningococcal Meningitis

New York State Public Health Law 2167 took effect on August 15, 2003. It requires that all colleges inform their students about meningococcal meningitis and the meningitis vaccine. It further requires you to do the following:

Complete Part 1 on the reverse side of this form indicating that you have received information about meningitis and the meningitis vaccine and **EITHER:**

Have been vaccinated against meningitis **within the last 5 years** (must supply documentation).

**OR**

Have decided **not** to obtain the vaccination.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms can include high fever, severe headache, stiff neck, and rash. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputations, and even death.

Meningitis is spread through the air via respiratory secretions such as coughing, sneezing, kissing or sharing personal items like utensils, cigarettes and drinking glasses. Certain college students, particularly freshman living in dormitories or resident halls, have been found to have an increased risk for meningitis.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States —types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine, Menactra, is safe and effective and provides immunity for approximately 5 years. Meningitis vaccine is available at your primary care physician or visit [www.istm.org](http://www.istm.org) for clinic listings.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our health center and/or consult your physician. You can also find information about meningitis at: [www.health.state.ny.us](http://www.health.state.ny.us), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), or [www.acha.org](http://www.acha.org)

### New York State Public Health Law 2165-Measles, Mumps, Rubella

If you were born **after December 31, 1956 and plan to take 6 or more credits**, you are required by state law to prove you are immune to Measles, Mumps, and Rubella in order to attend college. Acceptable proof of immunity includes: your immunization card from childhood, immunization records from high school or colleges you attended, a print-out from the City- or State-wide Immunization Registry, or records from your doctor or clinic. If you do not have proof of immunizations, you must be re-immunized or have a blood test (MMR titer) to show your immunity to all three diseases (your lab report is required).

MMR vaccines are available at the Lehman College Student Health Center free of charge. Blood testing is also available but requires medical insurance. Medical waiver: Any student with a medical condition that prohibits vaccination may submit a doctor's statement on letterhead for exemption. (Temporary medical conditions, such as pregnancy, require blood titer clearance) Religious exemption: Any student whose religious belief prohibits vaccination must complete the CUNY Religious Exemption form. Exempted students will not be permitted on campus during a communicable disease outbreak.

**\* You do not need proof of vaccinations if you were born on or before December 31, 1956. However, you must complete Part 1 of the Medical Requirements form concerning meningitis.**