

The City University of New York  
CUNY SCHOOL OF LAW  
Law in the Service of Human Needs

SUMMER 2009 VISITING STUDENT INFORMATION FORM

(This form must accompany your deposit) – PLEASE PRINT

Name: \_\_\_\_\_  
Last First Middle

Name of Law School You Attend \_\_\_\_\_

Dates of Enrollment There \_\_\_\_\_

Social Security No. \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_  
Number and Street Apt# Town or City State Zip Code

Length of time at the above address \_\_\_\_\_ County of Residence \_\_\_\_\_  
Yrs. Mos.

Length of residence in NYC \_\_\_\_\_ to \_\_\_\_\_ Length of residence in NYS \_\_\_\_\_ to \_\_\_\_\_

E-Mail Address (if any) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Previous Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Area Code Area Code

Date after which correspondence should be sent to permanent address \_\_\_\_\_

Country of birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ **If not U.S., please complete the following:**

Permanent Resident (registration #) \_\_\_\_\_ (attach copy of both sides  
of green card)

Date Green Card Obtained \_\_\_\_\_

Other: (specify visa type) \_\_\_\_\_ (attach copy of visa) Date obtained \_\_\_\_\_  
Expiration date \_\_\_\_\_

Marital Status \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_ Disabled Veteran Yes \_\_\_ No \_\_\_

Are you currently serving in the U.S. Armed Forces Yes \_\_\_ No \_\_\_

If so list Chapter and Branch \_\_\_\_\_ Served from \_\_\_\_\_ to \_\_\_\_\_

Are you in default of a student loan? Yes \_\_\_ No \_\_\_

The information requested below is being collected to meet research and federal reporting requirements. It is confidential and will not be released except in the form of statistical summaries in which individuals are not identified. All responses are voluntary and optional. This information has no bearing on either admission or academic decisions.

Which category describes you best?

- American Indian or Native Alaskan
- Asian or Pacific Islander
- Black, non-Hispanic
- White, non-Hispanic
- Hispanic:
  - Mexican American
  - Puerto Rican
  - Other Hispanic
- Other, please specify \_\_\_\_\_

Do you identify as a sexual or gender minority?

- Yes
  - No
- (For example: gay, lesbian, bisexual, transgender, etc.)

In which country were you and each of your parents born?

You \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Do you speak a language other than English at home?

- Yes
- No

If yes, please specify language \_\_\_\_\_

Which language do you feel more comfortable?

- English
- Language other than English
- Equally comfortable with both

Please indicate any health problem or disability that may require accommodation to enable you to successfully pursue your course of study. If more than one, please order them in terms of severity.

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair mobile   | <input type="checkbox"/> Speech impairments           |
| <input type="checkbox"/> Blind or legally blind  | <input type="checkbox"/> Cardiac condition            |
| <input type="checkbox"/> Use braces and crutches   | <input type="checkbox"/> Seizures (epilepsy, etc.)    |
| <input type="checkbox"/> Deaf or severe hearing loss                                       | <input type="checkbox"/> Learning disability          |
| <input type="checkbox"/> Neurological impairments<br>(polio, cerebral palsy, stroke, etc.) | <input type="checkbox"/> Other, please describe _____ |

**I certify that the information provided on this form is true and accurate. I understand that if any statement is found to be false, my registration may be canceled.**

**If I am enrolled in Summer Session courses, I will comply with all the rules and regulations of the City University of New York and the CUNY School of Law.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**