



APPLICATION/REGISTRATION FORM: Summer 2009 Lincoln Center Institute

To register, complete ALL fields in this form. Please print legibly.

Circle one: Mr. Mrs. Ms. Miss Dr.		Last name (family):		First name (given):		Middle name:	
Date of birth: / /		Social Security number: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:							
<input type="checkbox"/> White, non-Hispanic		<input type="checkbox"/> African American, non-Hispanic		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Hispanic, other	
<input type="checkbox"/> Native American or Native Alaskan		<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Choose not to respond	
Permanent address (street and number):				Apt:	City:		State:
How long have you resided at the above address?				Telephone:		Email (required):	
Years:		Months:		() -			
Citizenship:							
<input type="checkbox"/> U.S.		<input type="checkbox"/> Other:		Type of Visa:			
Are you currently enrolled as a CUNY student?		If yes, skip "Educational Background" and give the name of your college AND program or major here:					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Educational background: Please list all colleges and universities attended, starting with the most recent.							
Years of Attendance:		Name of institution:		Major:		Degree:	Date of award:
From:	To:						
From:	To:						
COURSE SELECTIONS	Course #:	Course name:		Section #:	# of credits:		
	<input type="checkbox"/> LCI 62000	Aesthetic Education: Introductory Course		01	2		
	<input type="checkbox"/> LCI 62100	Aesthetic Education: National Educator Introductory Course		01	2		
	<input type="checkbox"/> LCI 62200	Aesthetic Education: Advanced Course		01	1-2		
How did you find out about these courses?							
REGISTRATION							
						Amount enclosed	
Tuition						\$270.00 <i>per credit</i>	\$ _____
One Time Application Fee (do not pay if you have previously registered in an SPS course)						\$70.00:	\$ _____
TUITION	<p>Mail this form to the address below. Registrants must provide an official transcript documenting an earned bachelor's degree. Documentation should be sent to the address below and must be received prior to the end of the course. A course grade will not be released without this documentation on file. Checks or money orders should be made payable to the "CUNY School of Professional Studies."</p> <p>For more information call: 212-652-2070.</p> <p style="text-align: center;">The CUNY School of Professional Studies, Attn: Jennifer Lee, Suite 905 101 West 31st Street, New York, NY 10001</p>						

All tuition and fee schedules are subject to change without notice at any time upon action by the City University of New York, regardless of the tuition and fee schedules in effect at the time of application.

I certify that the information entered on this application is complete and correct.	
Signature of applicant:	Date submitted: / /

