



## Application for the Auxiliary University Program at John Jay

**Instructions:**

Please fill out the form below and submit a signed copy to Dr. Susan Pickman at [spickamn@jjay.cuny.edu](mailto:spickamn@jjay.cuny.edu) and to Mr. Solomon Ditta at [ditta.solomon@gmail.com](mailto:ditta.solomon@gmail.com)

**Student Name:** \_\_\_\_\_

**Student Status:**     Undergraduate     Graduate

**Major/Program:** \_\_\_\_\_

**Current Semester:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

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