



CUNY Unlimited Student Application



Thank you for your interest in applying to CUNY Unlimited. CUNY Unlimited is an inclusive program offered at CUNY campuses for students with intellectual disabilities. AHRC New York City's Melissa Riggio Higher Education Program at The City University of New York, the Viscardi Center Inclusive Higher Education Program and The New York City Department of Education's District 75 Inclusion Program at Queens College are in partnership with these six campuses to provide support. AHRC NYC's partnership at Hostos, Queensborough and Borough of Manhattan Community Colleges, along with the Viscardi Center's partnership at Queensborough Community College, are also part of the CUNY Unlimited credential program. Students prepare for next steps, including employment, through participation in academic courses, campus life, work experiences, and an independent living and self-advocacy curriculum. Upon program completion, eligible students earn a CUNY Unlimited Credential in Academic and Career Studies.

For more detailed program information and FAQs, visit the [CUNY Unlimited](#) program page.

Instructions

1. Fill out the Applicant Information & Applicant Profile sections in this packet.
2. Submit additional required materials to CUNY:
 - Copy of passport, birth certificate, or immigrant status documentation
 - If you have completed high school, a copy of high school diploma or certificate:
 - IEP certificate
 - Skills & Achievement Commencement Credential
 - Career Development & Occupational Studies Commencement Credential
 - GED / TASC
 - Local Diploma**OR** if you are still in high school, send us a letter from your current high school confirming your enrollment, graduation year, and the type of credential or certificate you will earn
 - Proof of Measles, Mumps, Rubella vaccine
3. For Fall 2027 admission, submit the Applicant Information and Profile along with required materials to the CUNY Central Office of Student Inclusion Initiatives via email at unlimited@cuny.edu by the deadline **December 4, 2026**.

Next Steps

CUNY Unlimited Applicants:

All applicants must submit Part 1 CUNY application materials, included in this packet and referenced in Page 1, via email to unlimited@cuny.edu. If preferred, you may print and fill out the application by hand, however please scan the documents to submit electronically. If you have questions or issues with the process, reach out to your care coordinator or transition coordinator, email unlimited@cuny.edu, or call the CUNY Central Office at **646-664-8800**.

NYC Department of Education Applicants to the Inclusion Program at Queens College:

Applicants will be contacted with information about the interview process after the CUNY application is submitted. If you have not heard from the program by December 12, please contact the program by phone or email.

Contact: District 75 Inclusion Program
(718) 997-3064
CUNYUnlimited@schools.nyc.gov

Melissa Riggio Higher Education Program Applicants:

Supplemental Application Materials (Part 2) are required. They can be downloaded at the link below or requested via phone or email. For Fall 2027 admission, these must be submitted to AHRC NYC by **December 5, 2026**.

Download: [AHRC NYC College Program Application](#)

Contact: AHRC New York City
(212) 780-4491
MRHEP@ahrcnyc.org

Send Part 2 to AHRC via mail: AHRC New York City
Referral and Information Center
Attn: Melissa Riggio Higher Education Program
83 Maiden Lane, 10th Floor
New York, NY 10038

Send Part 2 to AHRC via email: MRHEP@ahrcnyc.org

Viscardi Center Inclusive Higher Education Program Applications:

Supplemental application materials for Nassau County residents are required. They can be downloaded at link below or requested by email. For Fall 2027 admission, these materials should be submitted by December 4, 2026.

Contact Information: The Viscardi Center (516) 465-1486, SSangiorgio@viscardicenter.org

Send Part 2 Applications To: The Viscardi Center IHE

Attn: Suzanne Sangiorgio
201 I U Willets Rd, Albertson, NY 11507

***Upon acceptance to the program, a \$65 application processing fee will be collected via check or money order**

Applicant Information

Select CUNY Unlimited Support Program & Campus:



Melissa Riggio Higher Education Program
OPWDD-eligible, ages 21+, must live in campus borough

- ☐ Borough of Manhattan Community College
- ☐ College of Staten Island
- ☐ Hostos Community College (*Bronx*)
- ☐ Kingsborough Community College (*Brooklyn*)
- ☐ Queensborough Community College (*Queens*)



The Viscardi Center Inclusive Higher Education Program
OPWDD-eligible, ages 18+, Nassau County residents

☐ Queensborough Community College (*Queens*)



District 75 Inclusion Program at Queens College
Current NYC DOE high school students ages 18-21 participating in alternate assessment

Contact & Residency Information:

Name _____
Last First Middle

Social Security Number (last 4 digits) _____ ☐ Male ☐ Female

Date of Birth _____ / _____ / _____
Month Day Year

Address _____
Number & Street Apartment Number

City or Town State Zip Code

Length of time at above address _____ Length of time in New York State _____
Years Months Years Months

Mailing address (if different from above)

Home Phone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

Email Address (preferred) _____

Are you a U.S. citizen? ☐ Yes ☐ No Country of Birth _____

If you are not a U.S. citizen, you must provide the following information about your immigration status:

Permanent Resident – Alien Registration # _____ Date of entry on card _____

Visa (specify type) _____ Date obtained _____ Expiration date _____

Other (please specify) _____

Education:

High School _____

Year Completed / Anticipated Completion Year _____

Credential Type ☐ IEP/SACC ☐ CDOS ☐ GED/TASC ☐ Local ☐ Regents ☐ Not sure

Vaccination Notice:

All students must be in full compliance with NY State immunization requirements. For students born after 1956, both NYS Health Law 2165 (Measles, Mumps, and Rubella) and NYS Health Law 2167 (Meningitis) requirements must be met completely. All on-campus CUNY students are encouraged to receive the COVID-19 vaccine.

Demographic Data Section (Optional):

Response is voluntary, and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

Are you a veteran? ☐ Yes ☐ No

Are you Hispanic/Latino? ☐ Yes ☐ No

Regardless of how you responded to the previous question, please indicate your race by selecting one or more options from the following categories:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Statement: The City University of New York does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran status, alienage or citizenship status in its student admissions, employment, access to programs, and administration of educational policies. 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 campus.

Applicant Profile

The following may be completed by the student, parents/guardians, & teachers collaboratively.

Parent / Guardian Information – Secondary Contact

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Do you have legal guardianship? ☐ Yes ☐ No

If yes, name: _____

If we are not able to reach you, do we have permission to speak to your secondary contact on your behalf? ☐ Yes ☐ No

Transition Status

Yes No

☐☐

Are you receiving SSI Benefits?

☐☐

Are you receiving Medicaid?

☐☐

Are you OPWDD eligible? **Required for Melissa Riggio Higher Education Program*

If yes, TABs ID: _____

☐☐

Do you have a Care Coordinator?

Name: _____ Phone: _____ Agency: _____

☐☐

Are you currently using Self-Directed Funds?

Are you registered with ACCES/VR? If you have a counselor, fill out below:

☐☐

Counselor Name: _____ Phone: _____

Transportation

Yes No

☐☐

I take public transportation independently.

☐☐

I take public transportation with support.

☐☐

I use Access-A-Ride.

☐☐

I have a driver's license or learner's permit.

☐☐

I acknowledge that I will be trained to travel independently during my time in the program.

Academic Interests

Please identify any college course areas of interest

☐ Art History	☐ Languages
☐ Computer Science	☐ Literature
☐ Dance	☐ Music
☐ Drama & Theatre	☐ Social Sciences (e.g. psychology, sociology)
☐ Earth & Environmental Studies	☐ Studio Art
☐ Education	☐ Other _____
☐ Film & Media Studies	☐ Other _____
☐ History	☐ Other _____

What are your three favorite classes you have taken, and what did you like about them?

Class	What you liked

Learning Style

Select the strategies that help you learn best

Style	Strategies	
Auditory – you learn by hearing and listening	☐ Sit up front to hear better	☐ Record audio
	☐ Read directions out loud	☐ Talk about it with classmates
Visual – you learn by reading or seeing pictures	☐ Learn using diagrams & pictures	☐ Written directions
	☐ Use flashcards	☐ Watching videos
Hands-on – you learn by touching and doing	☐ Underline using highlighters	☐ Make an outline of key points
	☐ Role play or act out ideas	☐ Take notes during class

Work History

List any paid or voluntary positions you have had in the past, starting with the most recent. If you have had more than three work experiences, please attach a supplementary page.

Employer/Business Name	Supervisor Name & Number (if available)	Job Title
Tasks		Dates of Employment
		Paid or Unpaid

Employer/Business Name	Supervisor Name & Number (if available)	Job Title
Tasks		Dates of Employment
		Paid or Unpaid

Employer/Business Name	Supervisor Name & Number (if available)	Job Title
Tasks		Dates of Employment
		Paid or Unpaid

Which of your past positions were your favorite and why?

Personal Vision

1. Why do you want to go to college?

2. Tell us a little about yourself. What are some of your best qualities?

3. What are your goals and dreams in life?

4. What is your career goal?

Certification: All applicants must sign here.

I hereby certify that all the information on this application is accurate and complete. I understand that the information on this application will be treated confidentially by The City University of New York and partner organization of the campus I am applying to, either AHRC NYC, the Viscardi Center, or the New York City Department of Education.

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____

Reminder for AHRC NYC Melissa Riggio Higher Education Program and Viscardi Center Applicants

This packet is Part 1 of 2. Please return to page two of this packet for information on additional required materials. The deadline for all Part 1 & Part 2 materials is **December 4, 2026.**