2009 SUNY Application for Undergraduate Admission

This is a Scannable Form:
This form will be scanned for automated data capture. Please follow these instructions to ensure that your application is processed quickly and accurately.

- Use black or blue ink
- **Print** clearly using **UPPERCASE** block letters only (see examples at right)

- Stay inside designated boxes
- Mark all checkboxes ☒ with an '**X**'
  A correctly marked checkbox: ☒
- Correct errors using white correction fluid
- Fields may indicate desired answer format. For example: '*MM/YY*' in a field indicates *Month and Year.*

```
A B C D E F G H
I J K L M N O P
Q R S T U V W X
Y Z 1 2 3 4 5 6
7 8 9 0 @ . _ -
```

Please return this application and appropriate application fee ($40 per campus choice) to:

Application Services Center
The State University of New York
State University Plaza
P. O. Box 22007
Albany, New York 12201-2007

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1 Applicant Name

Last Name | Suffix

First Name / Middle Name

2 **Applicant Social Security No.**   **3** Date of Birth MM/DD/YY   **4** Male ☒ Female ☒

5a Home Phone   **5b** Daytime / Cell Phone

6 E-Mail Address (Place each dot '**.**' in its own box.)   @

7 Permanent Home Mailing Address

House or Building # | Street Name

A P T — Apartment Number | P O   B O X — PO Box | R R — Rural Route

City | State | Zip/Postal Code

Province (if outside U.S.) | Country (if outside U.S.)

8a **Temporary Mailing Address:** if completed, mail may be sent by campuses to this address until date indicated in **8b**.

House or Building # | Street Name

A P T — Apartment Number | P O   B O X — PO Box | R R — Rural Route

City | State | Zip/Postal Code

Province (if outside U.S.) | Country (if outside U.S.)

8b Date after which mail may be sent to your permanent address. MM/DD/YY

9a Are you a U.S. citizen? ☒ Yes ☒ No   **9b** If not a U.S. citizen, are you a permanent resident of the U.S.? ☒ Yes ☒ No

10a Are you a **New York State resident**? ☒ Yes ☒ No   **10b** If yes, but for **less** than one year, how many months?

10c If yes, give county of residence. (Refer to page A8 of the application, then enter your two-digit county code.)

11 Indicate name and address of the parent or guardian with whom you legally reside and to whom official university correspondence should be sent.

Last Name of Parent or Guardian	**First Name of Parent or Guardian**

Mark here ☒ if address of parent or guardian is the same as permanent address given on page A1. **If not the same, indicate the address below.**

Parent/Guardian Address

House or Building # **Street Name**

A P T **Apartment Number** P O B O X **PO Box** R R **Rural Route**

City **State** **Zip/Postal Code**

Province (if outside U.S.) **Country (if outside U.S.)**

12 Answer only if members of your family attended or graduated from a **State University of New York (SUNY)** campus. Please indicate their relationship to you, and provide their name, graduation year and the State University campus name.

☒ **F**ather ☒ **M**other ☒ **S**ister ☒ **B**rother ☒ **O**ther Indicate Relationship

Last Name / **First Name**

Graduation Year SUNY Campus Print Campus Name Campus Code (pages A5 and A8)

☒ **F**ather ☒ **M**other ☒ **S**ister ☒ **B**rother ☒ **O**ther Indicate Relationship

Last Name / **First Name**

Graduation Year SUNY Campus Print Campus Name Campus Code (pages A5 and A8)

13 **Family Income Range** (see instructions on page 3). Enter income code ☐ **14** Size of Household (including applicant) ☐☐

15 Indicate if you are: ☒ **V**eteran ☒ **D**ependent of a U.S. Veteran ☒ **A**ctive Duty Military

16a Are you Hispanic/Latino? ☒ Yes ☒ No

16b If Hispanic/Latino, is your background (select one):

☒ **C**entral American ☒ **D**ominican ☒ **M**exican ☒ **P**uerto Rican ☒ **S**outh American ☒ **O**ther Hispanic/Latino

16c All applicants, please indicate your race (select one or more):

☒ American Indian or Alaska Native - **I** ☒ Asian - **A** ☒ Black or African American - **B** ☒ Native Hawaiian or Other Pacific Islander - **P** ☒ White - **W**

17 Mark ☒ the box if you wish to identify yourself as: ☒ **P**hysically Disabled or ☒ **L**earning Disabled or ☒ **B**oth

18 - 19 Mark ☒ the box if you wish to indicate: **18** ☒ Your native language is not English **19** ☒ You are an Adult Learner

Note: All applicants (freshmen and transfer students) **MUST** answer questions 20a and 20b.

20a Have you been convicted of a felony? ☒ Yes ☒ No

20b Have you been dismissed and/or suspended from a college for disciplinary reasons? ☒ Yes ☒ No **(Even if you have never attended college, a response is required.)**

21 If you have academic records under another name, please indicate below:

Former Last Name / **Former First Name**

All six pages of the application should be mailed together.

	Applicant Social Security Number		

Applicant Last Name

22 Name of High School (Required for all applicants, including transfer students.)

CEEB Code

23 High School Mailing Address

Building #   **Street Name**

City   **State**   **Zip/Postal Code**

Province (if outside U.S.)   **Country (if outside U.S.)**

24a Indicate your Secondary Education Status. Mark ☒ the box that applies to you (mark only one):

☒ **G**raduated or will graduate from High School   ☒ **W**ithdrew from High School   ☒ **C**ompleted GED   ☒ **H**ome Schooled

24b Enter date of High School Graduation, High School Withdrawal or completion of GED. **M M / Y Y** (List only month and year.)

Questions 25 and 26 are optional for Adult Learners and International Applicants.

25 Date latest Scholastic Assessment Test (SAT) was or will be taken. (List only month and year.) **M M / Y Y Y Y**

26 Date latest American College Test (ACT) was or will be taken. (List only month and year.) **M M / Y Y Y Y**

27 Indicate whether you are applying as a **Freshman** or a **Transfer** student (mark only one):

☒ **Freshman** (you *have not* taken college-level work **after** high school graduation).   ☒ **Transfer** (you *have* taken college-level work **after** high school graduation).

28 If you are applying as a freshman, have you received (or do you expect to receive) college credits before you graduate from high school? ☒ Yes ☒ No
If yes, please mark ☒ all boxes that apply to you:

1 ☒ Advanced Placement (AP)   3 ☒ College course taught in high school   5 ☒ International Baccalaureate (IB)

2 ☒ CLEP   4 ☒ Course taken at a college prior to graduation   6 ☒ Other   Please Specify

29 Are you applying for **full-time** or **part-time** study? ☒ **Full-time** ☒ **Part-time**

30 Indicate the Student Support Services you would like. (Please read instructions on page 4.)

31 Are you applying for the Educational Opportunity Program (**EOP**)? ☒ Yes ☒ No   Note: EOP is a program for New York State residents. All applicants must meet academic and financial eligibility requirements. Please note that when applying for EOP, you must answer questions **10a, 10b, 13,** and **14.**

Non-U.S. Citizens must complete questions 32-39. If you are not a U.S. citizen, permanent resident, or refugee, your campus choice(s) will ask you to file additional forms (FSAs 2, 3, and 4), as well as to provide official transcripts. Forms can be found at www.suny.edu/student/forms.cfm

32 Country of Birth   **Country (if outside U.S.)**

Internal Use Only

33 Country of Citizenship   **Country (if outside U.S.)**

34 If you are a non-U.S. citizen and a permanent resident of the U.S., provide alien registration number. **A**

35 If you are not a permanent resident, have you applied for permanent resident status? ☒ Yes ☒ No

36 If you are not a permanent resident, indicate your visa type. Check **F-1** if you will need a student visa. (Applicants requiring a **F-1** visa must provide a permanent address outside the U.S. on question 7.)

☒ **F-1**   ☒ **H-4**   ☒ **J-1**   ☒ **A-2**   ☒ Other (please specify)

37 Visa Expiration Date **M M / Y Y**

38 How many years have you been in the U.S.?

39 Date latest Test of English as a Foreign Language (TOEFL) was or will be taken. **M M / Y Y**

All **transfer students** must complete questions 40-51. **Please remember to list the college you currently attend in question 44.** You will need to provide academic transcripts for **all** post-secondary institutions you have attended, whether or not you received credit. Transcripts should be sent directly to the SUNY campus(es) to which you are applying. SUNY and CUNY campus codes (college codes) are listed on page A8 of the application.

Transfer applicants seeking a fee waiver (up to four campus choices) are required to complete questions 40-51. Failure to answer all questions (40-51) will delay processing. See page 3 for detailed information.

40 If you **have earned** (or **will earn**) an associate degree from a New York State public college before enrolling, indicate the degree by marking ☒ in the appropriate box below:

☒ AA - **1**   ☒ AS - **2**   ☒ AAS - **3**   ☒ AOS - **4**

41 Indicate the date the associate degree was (or will be) earned. [M M / Y Y]

42 Indicate the campus code from page A8 of the New York State public college (SUNY or CUNY) where the degree was (or will be) earned. [ ][ ]

43 If you are transferring to complete a cooperative program, give the previous Curriculum Code. [ ][ ][ ][ ]

44 College 1 - Name/City/State **(LIST CURRENT OR MOST RECENT COLLEGE FIRST)**

Name [ ] City [ ] State [ ]

College Code [ ][ ]   Dates Attended   From: [M M / Y Y] To: [M M / Y Y]   Total Credits [ ][ ][ ]   GPA [ ].[ ][ ]   CEEB Code [ ][ ][ ][ ]

For CEEB codes:
www.suny.edu/student/apptables

45 College 2 - Name/City/State

Name [ ] City [ ] State [ ]

College Code [ ][ ]   Dates Attended   From: [M M / Y Y] To: [M M / Y Y]   Total Credits [ ][ ][ ]   GPA [ ].[ ][ ]   CEEB Code [ ][ ][ ][ ]

46 College 3 - Name/City/State

Name [ ] City [ ] State [ ]

College Code [ ][ ]   Dates Attended   From: [M M / Y Y] To: [M M / Y Y]   Total Credits [ ][ ][ ]   GPA [ ].[ ][ ]   CEEB Code [ ][ ][ ][ ]

47 How many colleges have you attended in addition to the three listed above? [ ]   On a separate sheet, provide the same information as above for each additional college.

48 Mark ☒ the type of college you most recently attended **(MARK ONLY ONE):**

☒ SUNY - **A***   ☒ NY Private 2-Year - **D**   ☒ Non-NYS Private 4-Year - **G**

☒ CUNY - **B**   ☒ Non-NYS Public 4-Year - **E**   ☒ Non-NYS Private 2-Year - **H**

☒ NY Private 4-Year - **C**   ☒ Non-NYS Public 2-Year - **F**   ☒ Outside U.S. - **I**

*NOTE: If you marked SUNY - **A**, please forward a General Education Transcript Addendum along with your official transcript directly to each of your campus choices. Your transcript and transcript addendum can be requested from your registrar.

49 Mark here ☒ if you are (or were previously) enrolled in EOP, College Discovery, HEOP or SEEK.

50 Mark here ☒ if you hold (or will receive) a bachelor's degree prior to enrollment.

51 Indicate the total number of credits you expect to earn from all colleges before enrolling. [ ][ ][ ]

All Transfer Applicants (40-51)

Applicant Last Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Applicant Social Security Number [ ][ ][ ] [ ][ ] [ ][ ][ ][ ]

Choosing Campuses (Blocks A through C): Please indicate campus names and campus codes (from the list below), as well as curriculum names and curriculum codes (from pages 9-15 of this application, the 2009 Viewbook or the online curriculum finder at www.suny.edu/student), and semester of enrollment for each campus choice. Please note: Upstate Medical University and most community colleges, including FIT, require that you declare a major.

Early Decision is a binding early application/notification program for fall freshmen and can be used for one college choice only. A parent and counselor signature in addition to your own is required.
Early Action is a non-binding early application program for fall freshmen. *(See page 4 for additional information on both Early Decision and Early Action programs.)*

SUNY Campus Codes

Please use this application to apply to the SUNY campuses listed below.

* = Early Decision (ED) option
** = Early Action (EA) option

University Centers and Doctoral Degree Granting Institutions
31 Albany ** (EA)
15 Binghamton ** (EA)
20 Buffalo University * (ED)
30 Ceramics at Alfred University * (ED)
17 Environmental Science & Forestry ** (EA)
19 Stony Brook ** (EA)
37 Stony Brook Southampton ** (EA)
97 Upstate Medical University

Colleges
32 Brockport
33 Buffalo State * (ED)
34 Cortland * (ED)
35 Fredonia * (ED)
36 Geneseo * (ED)
41 New Paltz ** (EA)
46 Old Westbury * (ED)
42 Oneonta ** (EA)
43 Oswego * (ED)
44 Plattsburgh * (ED)
38 Plattsburgh at ACC
45 Potsdam
47 Purchase * (ED)

Technology Colleges
91 Alfred State College
92 Canton
93 Cobleskill
94 Delhi
95 Farmingdale State College
18 Maritime * (ED)
96 Morrisville State College
48 SUNYIT * (ED)

Community Colleges
69 Adirondack
53 Broome
51 Cayuga
84 Clinton
85 Columbia-Greene
55 Dutchess
79 Erie (Buffalo)
13 Erie (Orchard Park)
56 Erie (Williamsville)
57 Fashion Institute of Technology
82 Finger Lakes
77 Fulton-Montgomery
81 Genesee
80 Herkimer County
58 Hudson Valley
59 Jamestown
66 Jamestown (Olean Campus)
60 Mohawk Valley
71 Monroe
75 Niagara County
72 Onondaga
83 Schenectady County
73 Sullivan
86 Tompkins Cortland
68 Ulster County

To apply to State University campuses not on this list, please contact the campuses directly. A complete list of non-participating campuses can be found on page A8.

A

State University Campus Name [....] **Campus Code** [ ][ ]

Curriculum Code [ ][ ][ ][ ] **Curriculum Name** [........................]

Mark here [ ] **if not** declaring a major.   Semester you wish to enroll: [☒] Fall [☒] Spring [☒] Summer   **20** [Y][Y]

Mark here [ ] for **Early Decision***. (Early Decision is an option that may be selected for **one** campus choice only–Block A or B or C. See list at left for campuses offering Early Decision*.)

Mark here [ ] for **Early Action****. (See list at left for campuses offering Early Action**.)

Do you wish campus housing? [☒] Yes [☒] No   If applying to this campus again, when did you first apply? [M][M] / [Y][Y]

Special Campus Project (Your campus choice may direct you to use a specific code.) [ ][ ][ ][ ][ ]   If applying for Joint Admissions, give the Campus Code of your four-year campus choice. (See page 4 for details.) **Campus Code** [ ][ ]

B

State University Campus Name [....] **Campus Code** [ ][ ]

Curriculum Code [ ][ ][ ][ ] **Curriculum Name** [........................]

Mark here [ ] **if not** declaring a major.   Semester you wish to enroll: [☒] Fall [☒] Spring [☒] Summer   **20** [Y][Y]

Mark here [ ] for **Early Decision***. (Early Decision is an option that may be selected for **one** campus choice only-Block A or B or C. See list at left for campuses offering Early Decision*.)

Mark here [ ] for **Early Action****. (See list at left for campuses offering Early Action**.)

Do you wish campus housing? [☒] Yes [☒] No   If applying to this campus again, when did you first apply? [M][M] / [Y][Y]

Special Campus Project (Your campus choice may direct you to use a specific code.) [ ][ ][ ][ ][ ]   If applying for Joint Admissions, give the Campus Code of your four-year campus choice. (See page 4 for details.) **Campus Code** [ ][ ]

C

State University Campus Name [....] **Campus Code** [ ][ ]

Curriculum Code [ ][ ][ ][ ] **Curriculum Name** [........................]

Mark here [ ] **if not** declaring a major.   Semester you wish to enroll: [☒] Fall [☒] Spring [☒] Summer   **20** [Y][Y]

Mark here [ ] for **Early Decision***. (Early Decision is an option that may be selected for **one** campus choice only-Block A or B or C. See list at left for campuses offering Early Decision*.)

Mark here [ ] for **Early Action****. (See list at left for campuses offering Early Action**.)

Do you wish campus housing? [☒] Yes [☒] No   If applying to this campus again, when did you first apply? [M][M] / [Y][Y]

Special Campus Project (Your campus choice may direct you to use a specific code.) [ ][ ][ ][ ][ ]   If applying for Joint Admissions, give the Campus Code of your four-year campus choice. (See page 4 for details.) **Campus Code** [ ][ ]

All Applicants Must Enter At Least One Campus Choice

A **$40 non-refundable application fee is required for each campus choice** (please read instructions on page 3). You may pay either by credit or debit card or by check (please do not send cash). Your credit or debit card will be charged $40 for each campus choice ($40 for one campus choice; $80 for two campus choices, etc.). **If paying by check, please send one check for total amount due ($40 for one campus choice; $80 for two campus choices, etc.).** Checks from international applicants must be in U.S. dollars and be drawn on a U.S. bank. Make checks payable to SUNY ASC. Please include the applicant's name on your check. **Your application will not be processed until full payment or authorized fee waiver request is received.**

Credit Card Information: Card Type   ☒ MasterCard   ☒ VISA   Number of SUNY campuses applied to ☐☐

Cardholder Name

Last Name   /   **First Name**

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐   Expiration Date **MM/YY**

Cardholder Zip/Postal Code ☐   Cardholder Signature ☐

APPLICATION FEE WAIVER REQUEST

Applicants to the State University of New York, who are U.S. citizens, and wish to be considered for an application fee waiver due to financial hardship, must submit one of the forms below. All forms require a counselor signature.

• The State University of New York application fee waiver form (available from your school counselor)
• An SAT or ACT fee waiver form

The Application Services Center (ASC) of the State University of New York will grant an application fee waiver for the first four (4) campus choices. One of the above fee waiver requests must be submitted with the application, or school counselor form if using the online application, in lieu of application fees. Appropriate processing fee(s) for additional SUNY college choices must be submitted with the application. **The application will not be processed until full payment and/or authorized fee waiver request is received.**

ALL APPLICANTS MUST SIGN BELOW

I understand that this application cannot be processed if it has not been completed according to instructions, or if payment is not received, and that any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is true to the best of my knowledge. **If I am an Early Decision or Early Action applicant, I agree to comply with the program requirements outlined on page 4.** With my signature, I authorize the release of my transcript(s) and standardized test scores to State University campuses for admission purposes.

Student Signature _____   Date _____
Required for all applicants

Parent/Guardian Signature _____   Date _____
Required for Early Decision applicants only

FRESHMAN APPLICANTS MUST HAVE THEIR COUNSELOR/ADVISOR PROVIDE THE FOLLOWING INFORMATION:

Please complete one of the following statements (a or b) about this applicant's rank in class. If your school does not calculate or disclose exact rank in class, we would appreciate your estimating this student's rank as nearly as possible.

a This applicant currently ranks ☐☐☐☐ in a class size of ☐☐☐☐   This rank is: ☒ Weighted ☒ Unweighted (mark only one)

b We do not calculate or disclose exact rank ☒ .   I estimate this applicant's position to be within the top ☐☐ percent of his or her class.

High School Average (at time of application) ☐☐☐•☐☐   High School Average: ☒ Weighted ☒ Unweighted (mark only one)

U.S. Department of Education's Academic Competitiveness Grants (ACG):

1. For applicants graduating from a secondary school in New York State, do you anticipate that the applicant will (check all that apply):

☒ Graduate with a NYS Regents Diploma with Honors or Advanced Designation.

☒ Have successfully completed two or more Advanced Placement (AP) or International Baccalaureate courses (IB) with (minimum) test scores of 3 or higher on AP exams and 4 or higher on IB exams.

☒ Have successfully completed a set of courses similar to the State Scholars Initiative. This program requires passing grades in the following: 4 years of English; 3 years of Math (including Algebra I and higher level courses such as Algebra II, Geometry, or data analysis and statistics); 3 years of science (including at least two from biology, chemistry, physics); 3 years of social studies; and one year of foreign language.

2. For applicants graduating from a secondary school outside of New York State:

☒ Please check the box if you anticipate the applicant will meet your state's recognized rigorous HS program.

For more information or to find recognized rigorous high school programs, visit www.ed.gov/admins/finaid/about/ac-smart/2007/state-programs-07.html

Counselor/Advisor Signature _____   Date _____
Required for all freshman applicants

Internal Use Only   Please do not write in this section   Ⓒ Ⓟ Ⓛ ○ ○ ●   #Campus Choices: ☐☐   Amount Paid: $☐☐☐☐   Date Received: **MMDDYY**   Prepared By: Please Initial TR Code A

Educational Date Form

_____ Social Security No. ____ ____ ____ • ____ ____ • ____ ____ ____ ____
LAST NAME   FIRST NAME

Educational Data/Previous Education. All applicants must complete this section and include with your application.
Please read the following directions carefully and provide all the requested information.

Column 1   Actual years of schooling. The first year of schooling is Number 1, the second year Number 2, etc.
Column 2   For each year write the grade, form, standard or class, using the terminology of the educational system attended.
Column 3   List in chronological order every academic year in which you attended school, including any in which you remained in one grade for more than one year. If you were out of school for a year or more, explain the interruption in your autobiographical essay. Include the name of any school you are currently attending.
Column 5   Write the type of school you attended during each academic year, such as elementary, secondary, colegio, ecole secondaire, gymnasium, instituto, university, etc., using the terminology of the educational system.
Column 8   Write the name of any examinations passed, or of certificates, diplomas or degrees earned, such as Certificate of Education (ordinary or advanced), Bachillerato, Abitur, Maturita, Baccalaureate, Studentereksames, etc., using the terminology of the educational system.

COLUMN 1 Year in School	COLUMN 2 Grade Level	COLUMN 3 Academic Year to/from	COLUMN 4 Age	COLUMN 5 Kind of School	COLUMN 6 Name and Address of School (City and Country)	COLUMN 7 Primary Language of Institution	COLUMN 8 Certificates, Diplomas, Degrees, Graduations, Standardized Examinations
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18							

English is my native language. ☐ Yes ☐ No   If your answer is no, you must indicate a TOEFL date on question 28.

Transfer Student Information – for applicants currently enrolled in college classes only.
Please list all post-secondary courses you are currently enrolled in or plan on taking before entering FIT.

If you have or expect to earn a college degree, indicate graduation date _____

Course Title	Name and Location of Institution	Date Course Begins and Ends	Number of Credits

☐ Please indicate if you have attended FIT as either a degree or non-degree student.