2017 ONLINE APPLICATION WORKSHEET

DO NOT MAIL THIS WORKSHEET

Think First. Type Second. This worksheet allows you to read and complete questions before entering your information online. This is a good time for you to check with your school counselor or college advisor regarding any question or answer of which you may be unsure. The questions are listed in the same order that they appear in **applySUNY**, but after you are online you may be able to skip some questions based on your answers to earlier questions. You may also wish to print the complete instructions at **www.suny.edu/appinstructions**.

Your Profile

First Name: _____

Middle Name: _____

Last Name: _____

Suffix (i.e. Jr., III): _____

U.S. Social Security Number: _____

Date of Birth: _____

Gender: ◯ Male ◯ Female

Permanent Home Mailing Address:

_____
COUNTRY

_____
ADDRESS LINE 1

_____
ADDRESS LINE 2

_____ _____ _____
CITY STATE/TERRITORY ZIP (U.S. ONLY)

_____
PROVINCE (OUTSIDE U.S.)

_____
POSTAL CODE (OUTSIDE U.S.)

Home Phone Number:

_____ _____ _____
COUNTRY DIALING CODE AREA/CITY CODE NUMBER

Email Address:
(A unique email address is needed to access applySUNY) _____

Password: (8-16 characters, including one number, one lowercase character, one uppercase character and one symbol) _____

Start Tab: Education Plans Section

Will you be a freshman or transfer student?	◯ Freshman	◯ Transfer
Are you applying for full-time or part-time study?	◯ Full-time	◯ Part-time
Are you an Adult Learner?	◯ Yes	◯ No
Are you applying for the Educational Opportunity Program?	◯ Yes	◯ No

Personal Information Tab: Citizenship Section

Are you a U.S. Citizen? ◯ Yes ◯ No

Country of Birth: _____

Country of Citizenship: _____

Are you a permanent resident of the U.S.? ◯ Yes ◯ No

If yes, please provide your alien registration number: _____

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

If you are not a permanent resident, indicate your visa type: _____

Visa Expiration Date: _____
MM/YYYY

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

Date latest Test of English as a Foreign Language (TOEFL) was or will be taken: _____
MM/YYYY

Personal Information Tab: Residency Section

Are you a New York State resident? ◯ Yes ◯ No

If yes, what is your New York State county of residence? _____

If yes, but for less than one year, how many months? _____

Personal Information Tab: Demographics Section

Does one or more of the following apply to you: you are or were in foster care at any time after the age of thirteen; you are an orphan who was not adopted before the age of thirteen? ◯ Yes ◯ No

Military/Veteran Status:
◯ Active Duty Military ◯ Dependent of Veteran ◯ Veteran
◯ National Guard or Active Reserve

Are you Hispanic/Latino? ◯ Yes ◯ No

If Hispanic/Latino, is your background:
◯ Central American ◯ Cuban ◯ Dominican ◯ Mexican
◯ Puerto Rican ◯ South American ◯ Other

All applicants, please indicate your race (select one or more):
◯ American Indian or Alaskan Native ◯ Asian
◯ Native Hawaiian or Other Pacific Islander ◯ White
◯ Black or African American

Is English your native language? ◯ Yes ◯ No

Have you been convicted of a felony? If yes, provide the details of your felony conviction. You may use up to 400 words. ◯ Yes ◯ No

Have you been dismissed, expelled and/or suspended from a college for disciplinary reasons? If yes, give the approximate date(s) of each incident, explain the circumstances and reflect on what you have learned from the experience. You may use up to 400 words. ◯ Yes ◯ No

Personal Information Tab: Additional Contact Information Section

Daytime/Cell Phone Number: _____ _____ _____
COUNTRY DIALING CODE AREA/CITY CODE NUMBER

Former Last Name: _____

Former First Name: _____

Temporary Mailing Address: _____
DATE AFTER WHICH MAIL SHOULD BE SENT TO YOUR PERMANENT ADDRESS

_____
ADDRESS LINE 1

_____
ADDRESS LINE 2

_____ _____ _____
CITY STATE/TERRITORY ZIP (U.S. ONLY)

_____ _____ _____
PROVINCE (OUTSIDE U.S.) POSTAL CODE (OUTSIDE U.S.) COUNTRY (OUTSIDE U.S.)

Personal Information Tab: Household Information Section

Family Income (total household income last year): _____

Size of Household (including applicant): _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Parent/Guardian Suffix (i.e. Jr., III): _____

Parent/Guardian Email Address: _____

Parent/Guardian Address:

_____
ADDRESS LINE 1

_____
ADDRESS LINE 2

_____ _____ _____
CITY STATE/TERRITORY ZIP (U.S. ONLY)

_____ _____ _____
PROVINCE (OUTSIDE U.S.) POSTAL CODE (OUTSIDE U.S.) COUNTRY (OUTSIDE U.S.)

Personal Information Tab: Alumni Information Section

First Alumnus/a:
(Repeat for additional alumni)

_____ _____
ALUMNUS/A LAST NAME ALUMNUS/A FIRST NAME

_____
RELATIONSHIP TO YOU

_____
GRADUATION YEAR

_____
SUNY CAMPUS

Academic History Tab: High School Section

High School CEEB Code: _____

High School Name and Address: _____

_____

_____

If you attended a New York City public high school, provide your NYC DOE OSIS Number: _____

Indicate your Secondary Education Status:

- ◯ Graduated
- ◯ Withdrew
- ◯ Completed NY high school equivalency diploma
- ◯ Will Graduate
- ◯ Home Schooled
- ◯ Completed non-NY high school equivalency diploma

Date of High School graduation, withdrawal or completion of a high school equivalency diploma: _____
MM/YYYY

Did you attend a New York State high school for two or more years?

- ◯ Yes
- ◯ No

What college credits have you received or do you expect to receive before you graduate?

- ◯ Advanced Placement (AP)
- ◯ College Level Examination Program (CLEP)
- ◯ International Baccalaureate (IB)
- ◯ Course taken at a college before graduation
- ◯ Other
- ◯ College course taught in high school

Academic History Tab: Standardized Test Dates Section

Date last Scholastic Aptitude Test (SAT) was or will be taken: _____
MM/YYYY

Date last American College Test (ACT) was or will be taken: _____
MM/YYYY

Academic History Tab: Transfer History Section

Do you or will you hold an associate degree from a New York State public college prior to enrollment? ◯ Yes ◯ No

If yes, indicate the New York State public college where the degree was or will be earned: _____

If yes, indicate the degree type: ◯ AA ◯ AS ◯ AAS ◯ AOS

If yes, date the associate degree was or will be earned: _____
MM/YYYY

Type of college you last attended:
◯ SUNY ◯ CUNY ◯ Outside United States
◯ NYS Private 4-yr ◯ Non-NYS Public 4-yr ◯ Non-NYS Private 4-yr
◯ NYS Private 2-yr ◯ Non-NYS Public 2-yr ◯ Non-NYS Private 2-yr

Indicate the total number of credits you expect to earn from all colleges before enrolling: _____

Are you or were you previously enrolled in EOP, College Discovery, HEOP or SEEK? ◯ Yes ◯ No

If you are transferring to complete a cooperative program, indicate the previous curriculum: _____

Do you or will you hold a bachelor's degree prior to enrollment? ◯ Yes ◯ No

Academic History Tab: Previous Colleges Section

Transfer College:
(Repeat for additional colleges)

_____
COLLEGE NAME

_____
COLLEGE ADDRESS

_____ / _____
DATE ENTERED (MM/YYYY) DATE LEFT (MM/YYYY)

_____
TOTAL CREDITS

_____
GPA

Campus Selections Page

First Campus:
(Repeat for additional colleges)

◯ Fall 20_____ ◯ Spring 20_____ ◯ Summer 20_____
SEMESTER YOU WISH TO ENROLL

_____
CAMPUS NAME

◯ Yes ◯ No
ARE YOU APPLYING FOR EOP AT THIS CAMPUS?

_____
MAJOR

◯ Yes ◯ No
ARE YOU APPLYING FOR EARLY ACTION?

◯ Yes ◯ No
ARE YOU APPLYING FOR EARLY DECISION?

◯ Yes ◯ No
DO YOU WISH CAMPUS HOUSING?

_____
IF APPLYING TO THIS CAMPUS AGAIN, WHEN DID YOU FIRST APPLY?

_____
SPECIAL CAMPUS PROJECT/AGENCY CODE

Select Payment Type

Once you have completed all questions, you will be asked to pay your application processing fees. You will be charged an application fee for each campus you select. The quickest way to have your application processed is to submit payment via credit card or debit card online. You may also elect to mail-in your payment or to request a fee waiver. Your application will not be processed until full payment or authorized fee waiver request is received.