

**\* Indicates required field**

**\* SEMESTER/YEAR YOU WISH TO ENROLL**  spring (January)  fall (September) **YEAR**  (YYYY)

**\* INDICATE WHETHER YOU ARE APPLYING AS A FRESHMAN OR A TRANSFER STUDENT**

Freshman  Transfer (If you have taken college-level work after high school graduation)

**NAME**

*Last Name			
Middle Name			
*First Name			
Prefix (i.e. Mr., MS, Mrs., etc.)			
Previous Last Name			
Nickname			

**PERSONAL INFORMATION**

\*Social Security Number  -  -

\*Gender  Male  Female

\*Date of Birth MM/DD/YYYY  -  -

\*New York State Resident  Yes  No

\*U.S. Citizen  Yes  No

If You Are Not A U.S. Citizen, do you have permanent resident status? (Proof required at later date)  Yes  No

\*Email

Cell Phone Number (Area Code-Phone Number)  -  -

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

- Native American or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  
 White

**MEDICAL INFORMATION**

Mark the box if you wish to identify yourself as:  Physically Disabled  Learning Disabled  Both

**PRIMARY ADDRESS AND PHONE**

*Street Address			
*City			
*State			
*Zip Code			
Phone Number	<input style="width: 100px;" type="text"/>	-	<input style="width: 100px;" type="text"/>
	(Area Code)		(Phone Number)

**TEMPORARY ADDRESS (Optional)**

Street Address			
City			
State			
Zip Code			

Send mail to this temporary address until (enter date as MM/DD/YYYY)  -  -

**PARENTAL INFORMATION**

Relationship  Father  Mother  Guardian (an adult with legal responsibility for a child)

First Name																				
Middle Name																				
Last Name																				
Suffix																				

Deceased (Check for Yes)

Street Address																				
City																				
State																				
Zip Code																				

**HIGH SCHOOL**

High School Code

\*High School Name

Street Address																				
City																				
State																				
Zip Code																				

\*Enter Month and Year of High School Graduation or Date of GED/TASC Exam  -   
(MM/YYYY)

GPA

High School Class Size (Numeric)

High School Rank (Numeric)

**PREVIOUS COLLEGE (List current or most recent college first)**

\*College Name   
 \*City   
 \*State  Zip Code

College Attend From Date (MM/YYYY)  -   
 College Attend To Date (MM/YYYY)  -

Approximate Number of Credits Earned

\*College Name   
 \*City   
 \*State  Zip Code

College Attend From Date (MM/YYYY)  -   
 College Attend To Date (MM/YYYY)  -

Approximate Number of Credits Earned

\*On a separate sheet, provide the same information as above for each additional college.

**PLANNED COURSE OF STUDY**

Please note this is only a planned major. You will have an opportunity to choose a different major when you meet with a counselor upon admission to the college.

(Curriculum Names are listed on page 4)

\*Planned Major

\*Do you plan to enroll as a full-time student? (12 credits or more)  Yes  No

\*Are you interested in a dual pathway with SUNY Plattsburgh in one of the following programs (at SUNY Adirondack)?  
-Business -Psychology -Criminal Justice -Nursing  Yes  No

\*Are you interested in dual admission with Paul Smith’s College in one of the following programs?  Yes  No  
-Adventure Education and Leisure Management -Hotel, Resort and Tourism Management

\*Are you interested in dual admission with The College of Saint Rose in one of the following programs?  Yes  No  
-Accounting -Business Administration -Criminal Justice, Behavior and Law

\*Are you interested in dual admission with SUNY Albany in one of the following programs?  Yes  No  
-Biology -Chemistry -Astronomy -Physics

\*Are you interested in a 1+1 Veterinary Science Technology program with SUNY Canton?  Yes  No

\*Are you interested in a 1+1 Forest Technology program with SUNY College of Environmental Science and Forestry (ESF)?  Yes  No

\*Are you interested in EOP?  Yes  No

**ADDITIONAL INFORMATION**

\*Have you ever been convicted of a felony (Not including youthful offender status)?  Yes  No

\*Have you been dismissed and/or suspended from a college for disciplinary (non-academic) reasons?  Yes  No  
Are you or have you ever been a service member of the United States Military?  Yes  No

Are you the child or spouse of someone who served in the active United States Military Armed Forces?  Yes  No

\*Are you interested in living in our on-campus housing?  Yes  No

\*For parent or guardian #1, please indicate the highest level of education completed. Enter a number to indicate one of the following options:

- 1. Less than a high school diploma
- 2. High school diploma/GED
- 3. Associate Degree
- 4. Bachelor’s degree or higher
- 5. Don’t know
- 6. I prefer not to respond

\*For parent or guardian #2, please indicate the highest level of education completed. Enter the number to indicate one of the following options:

- 1. Less than a high school diploma
- 2. High school diploma/GED
- 3. Associate Degree
- 4. Bachelor’s degree or higher
- 5. Don’t know
- 6. I prefer not to respond

**Curriculum Name**

**ACCT** Accounting AAS  
**ADVS** Adventure Sports Leadership & Management AAS  
**BADM** Business Administration AS (Transfer)  
**BMME** Management, Marketing & Entrepreneurship AAS  
**CART** Culinary Arts AAS  
**CMPS** Computer Science AS  
**CRJP** Criminal Justice-Police Science AS  
**CRSA** Criminal Justice-Substance Abuse Services AAS  
**CWAA** Creative Writing AA  
**ELEC** Electrical Technology AAS  
**EGRS** Engineering Science AS  
**HTMG** Hospitality Management AAS  
**ITCN** Information Technology-Computer Networking AAS  
**ITCS** Information Technology- Cyber Security AAS  
**ITEC** Information Technology AAS  
**ITSE** Information Technology-Information Security AS  
**LAMS** Liberal Arts Math & Science AS

**Optional Concentrations:**

**BIOL** Biology  
**CHEM** Chemistry  
**HEED** Health Education  
**MATH** Mathematics

**LBAA** Liberal Arts Humanities & Social Science AA

**Optional Concentrations:**

**ANTH** Anthropology  
**ARTS** Art Studio  
**ENGL** English  
**POLI** Political Science  
**PSYC** Psychology  
**MART** Media Arts AAS  
**MUSI** Music AS  
**NURS** Nursing AAS  
**RADT** Radiologic Technician AS  
**RTVB** Radio- Television Broadcasting AAS

**CERTIFICATES:**

**CECK** Commercial Cooking Certificate  
**CEEN** Entrepreneurship & Business Management Certificate  
**CEIT** Information Technology Certificate  
**CEMD** Media Arts Certificate  
**CERB** Radio Broadcasting Certificate  
**CETA** Teaching Assistant Certificate

**ALL APPLICANTS MUST SIGN BELOW AND INCLUDE THE REQUIRED \$35 APPLICATION FEE**

**The application fee payment must be made by Check or Money Order payable to SUNY Adirondack.**

**In addition, your application is not complete and will not be processed until you have submitted an official transcript from your high school or GED/TASC with scores (if applicable). Decisions will not be made until all official documents have been received. Please forward all necessary official documents to:**

SUNY Adirondack  
Attention: Admissions  
640 Bay Road  
Queensbury, NY 12804

**\*\*Transfer students please provide official college transcript(s) to the Registrar's Office.**

**I certify that the information provided on this Application for Admission is complete and I understand that falsification and/or omission of required information may result in denial of admission, enrollment or dismissal.**

**I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed.**

***\*Student Signature Required***

***\*Date***