

*** 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: 40px;" type="text"/>	-	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" 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 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.**

Consistent with SUNY policy, there is no question on the SUNY Adirondack application which asks about prior felony convictions. However, please be aware that after an admission determination has been made, if you seek access to student housing, participation in clinical, field experiences or internships, or study abroad programs, you will be asked to provide information about any prior felony convictions. Please be advised that prior felony convictions may impede your ability to complete the requirements of certain academic programs and/or meet licensure requirements for certain professions.

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***