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*College Academy*

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**\****FIRST NAME* *MIDDLE INITIAL \* LAST NAME*

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**\****STREET ADDRESS \*CITY \*STATE \*ZIP CODE*

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\**PHONE # \* E-MAIL ADDRESS \*DATE OF BIRTH \*SOCIAL SECURITY NUMBER*

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*\* HIGH SCHOOL \* HIGH SCHOOL PHONE # \*CURRENT GRADE LEVEL \* CURRENT GPA \*GRADUATION DATE*

*\* Required information for processing application*

**COLLEGE ACADEMY SELECTION**

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| *Please select the appropriate College Academy*  ***HIGH SCHOOL ACADEMY***  **🗆 *Student enrolled in SUNY Adirondack Courses offered exclusively for high school***  ***students, either in their high school or online***  ***CAMPUS ACADEMY* 🗆 *Students enrolled in general SUNY Adirondack courses in Queensbury,***  ***Wilton or online***    **🗆 *FULL-TIME* 🗆 *PART-TIME***  ***SUMMER ACADEMY* 🗆 *High school students taking SUNY Adirondack courses during the summer at a***  ***pre-determined location or online.*** |

**COLLEGE ACADEMY TERM**

**Please note: The College Academy application must be completed each semester**

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| *Please select appropriate term and indicate the semester year*  **🗆** *FALL YEAR \_\_\_\_\_\_\_\_\_\_\_\_*  **🗆** *SPRINGYEAR \_\_\_\_\_\_\_\_\_\_\_\_*  **🗆** *SUMMER YEAR \_\_\_\_\_\_\_\_\_\_\_\_*  *HAVE YOU EVER TAKEN CLASSES AT SUNY ADIRONDACK?*  **🗆** *YES* **🗆** *NO* |

**ADDITIONAL INFORMATION**

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| *ARE YOU A NYS RESIDENT?* 🗆 *YES* 🗆 *NO IF NO, STATE OF RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *GENDER* 🗆 *MALE* 🗆 *FEMALE* 🗆 *NO RESPONSE*  *ARE YOU A US CITIZEN?* 🗆 *YES* 🗆 *NO*  *ARE YOU HISPANIC/LATINO* 🗆 *YES* 🗆  *NO*  *IF HISPANIC/LATINO, PLEASE INDICATE YOUR BACKGROUND:*  🗆 *DOMINICAN* 🗆 *PUERTO RICAN* 🗆 *SOUTH AMERICAN* 🗆 *MEXICAN* 🗆 *CENTRAL AMERICAN* 🗆 *OTHER HISPANIC/LATINO*  *PLEASE INDICATE YOUR RACE:*  🗆 *WHITE* 🗆 *ASIAN* 🗆 *NATIVE HAWAIIAN OR PACIFIC ISLANDER* 🗆 *BLACK OR AFRICAN AMERICAN*  🗆 *AMERICAN INDIAN OR ALASKA NATIVE* 🗆 *NON-RESIDENT ALIEN (COUNTRY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**CONSULT WITH HIGH SCHOOL COUNSELOR AND LIST COURSES YOU WISH TO REGISTER FOR BELOW**

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| *All information must be completed for the course requests to be valid*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *COURSE TITLE* | *COURSE ID* | *CRN#* | *CREDITS* | *DAYS & TIME* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**STUDENT SIGNATURE**

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| *I UNDERSTAND THE REQUIREMENTS FOR ATTENDING SUNY ADIRONDACK’S COLLEGE ACADEMY. I HAVE CONSULTED WITH MY HIGH SCHOOL COUNSELOR AND HAVE RECEIVED APPROVAL TO APPLY.*  **STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**COUNSELOR SIGNATURE**

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| *MY SIGNATURE BELOW VERIFIES THAT THIS STUDENT MEETS THE REQUIREMENTS TO PARTICIPATE IN SUNY ADIRONDACK’S COLLEGE ACADEMY.*  **COUNSELOR SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *THIS STUDENT QUALIFIES FOR THE FREE OR REDUCED LUNCH PROGRAM* 🗆 *YES* 🗆 *NO* |

**SUNY ADIRONDACK APPROVAL**

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| **COLLEGE OFFICIAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🗆 *APPROVE* 🗆 *DENY* **DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |