SUNY ADIRONDACK

College Academy Application

*FIRST NAME | MIDDLE INITIAL | * LAST NAME

*STREET ADDRESS | *CITY | *STATE | *ZIP CODE

*PHONE # | * E-MAIL ADDRESS | *DATE OF BIRTH | *SSN OR BANNER ID#

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

* EMERGENCY CONTACT | *PHONE

** Required information for processing application. Incomplete applications will be returned to sender.*

COLLEGE ACADEMY SELECTION

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 SUNY Adirondack courses in Queensbury, Wilton or online along with general student population (full-tuition and fee rates apply)

☐ FULL-TIME ☐ PART-TIME

Note: Early College Career Academy students (IT: Networking, Advanced Manufacturing, New Media, Business and Entrepreneurship) should go to www.sunyacc.edu/earlycollegecareeracademy for information on how to apply.

ADDITIONAL INFORMATION

WHICH SEMESTER ARE YOU APPLYING FOR?

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II YEAR _____

HAVE YOU EVER TAKEN CLASSES AT SUNY ADIRONDACK?

☐ YES ☐ NO

ARE YOU CURRENTLY ENROLLED IN AN EARLY COLLEGE CAREER ACADEMY PROGRAM IN PARTNERSHIP WITH WSWHE BOCES?
☐ YES ☐ NO

ARE YOU A NYS RESIDENT? ☐ YES ☐ NO IF NO, STATE OF RESIDENCE: _____

SEX: ☐ MALE ☐ FEMALE

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

All information must be completed for the course requests to be valid

COURSE TITLE	COURSE ID	CRN#	CREDITS	DAYS & TIME

STUDENT AND PARENT/GUARDIAN SIGNATURES

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. I UNDERSTAND THAT REGISTRATION FOR THE ABOVE COURSE(S) WILL GENERATE A BILL AND I AM LIABLE FOR PAYMENT.

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

SCHOOL COUNSELOR SIGNATURE

I HEREBY CERTIFY THAT THIS STUDENT MEETS THE MINIMUM REQUIREMENTS OF JUNIOR STATUS AND AN 80 HSGPA 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

COLLEGE OFFICIAL_____ ☐ *APPROVE* ☐ *DENY* **DATE** _____

FOR REGISTRAR'S OFFICE USE ONLY

Initials: _____

Date Processed: _____