

To apply online visit: sunyacc.edu/apply

* 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 (check this if you have taken college-level work after high school graduation)

NAME	
* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Prefix (i.e. Mr. Mrs., Ms., etc):	<input type="text"/>
Previous Last Name:	<input type="text"/>
Nickname:	<input type="text"/>

PERSONAL INFORMATION	
* Social Security Number	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
* Date of Birth MM DD YYYY	<input type="text"/>
New York State Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a U.S. Citizen, do you have permanent resident status? (proof required at a later date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Email:	<input type="text"/>
Cell Phone Number (include area code)	<input type="text"/>

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:	<input type="checkbox"/> Physically Disabled <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Both

PRIMARY ADDRESS AND PHONE	
* Street Address:	<input type="text"/> Apt # <input type="text"/>
* City:	<input type="text"/>
* State:	* Zip Code <input type="text"/>
Phone Number (include area code)	<input type="text"/>

TEMPORARY ADDRESS (Optional)	
* Street Address:	<input type="text"/> Apt # <input type="text"/>
* City:	<input type="text"/>
* State:	* Zip Code <input type="text"/>
<input type="checkbox"/> Send mail to this temporary address until (enter date as MM/DD/YYYY): _____	

PARENTAL INFORMATION

Parent #1: Relationship: Father Mother Guardian (an adult with legal responsibility for a child) Deceased (Check for Yes)

* First Name: [Grid]

Middle Name: [Grid]

* Last Name: [Grid]

Prefix (i.e. Mr. Mrs., Ms., etc): [Grid]

Email: [Grid]

* Please indicate the highest level of education completed: Less than a high school diploma High school diploma/GED Associate Degree Bachelor's degree or higher Prefer not to respond Don't know

Parent #2: Relationship: Father Mother Guardian (an adult with legal responsibility for a child) Deceased (Check for Yes)

* First Name: [Grid]

Middle Name: [Grid]

* Last Name: [Grid]

Prefix (i.e. Mr. Mrs., Ms., etc): [Grid]

Email: [Grid]

* Please indicate the highest level of education completed: Less than a high school diploma High school diploma/GED Associate Degree Bachelor's degree or higher Prefer not to respond Don't know

HIGH SCHOOL

High School Code: [Grid]

* High School Name: [Grid]

Street Address: [Grid]

City: [Grid]

State: [Grid] Zip Code: [Grid]

* Enter Month and Year of High School Graduation or Date of GED/TASC Exam: [Grid]

GPA: [Grid] High School Class Size (numeric): [Grid] High School Rank (numeric): [Grid]

PREVIOUS COLLEGE (List current or most recent college first)

* College Name: [Grid]

* City: [Grid] * State: [Grid] Zip Code: [Grid]

College Attend From Date (MM/YYYY): [Grid] College Attend To Date (MM/YYYY): [Grid]

Approximate Number of Credits Earned: [Grid]

* 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.

Please enter a 4-letter code:

* **Planned Major:**

* **Do you plan to enroll as a full-time student?** (12 credits or more)

Yes No

Are you interested in dual admission programs with any of the following colleges?

* **SUNY Plattsburgh at SUNY Adk:** Yes No
 Business Psychology Criminal Justice Nursing

* **Paul Smith's College:** Yes No
 Adventure Education & Leisure Management
 Hotel, Resort & Tourism Management

* **The College of Saint Rose:** Yes No
 Accounting Business Administration
 Criminal Justice, Behavior & Law

* **SUNY Albany:** Yes No
 Biology Chemistry Astronomy Physics

Are you interested in the following 1+1 programs?

Year one at SUNY Adk, year two at SUNY College of Environmental Science and Forestry (ESF)

* **Environmental & Natural Resource Conservation:** Yes No

* **Forest Technology:** Yes No

* **Land Surveying:** Yes No

Are you interested in our Educational Opportunity Program (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

DEGREE PROGRAMS

ACCT	Accounting AAS
ADVS	Adventure Sports Leadership & Management AAS
AGBU	Agricultural Business AAS
BADM	Business Administration AS (Transfer)
BMME	Management, Marketing & Entrepreneurship AAS
CART	Culinary Arts AAS
CBAR	Culinary and Baking Arts AOS
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
FIRT	Fine Arts AS
HMGT	Hospitality Management AAS
INST	Individual Studies AS
	Optional Concentrations:
	MUIN Music Industry
	SPMG Sport Management
ITCN	Information Technology-Computer Networking AAS
ITCS	Information Technology-Cybersecurity 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 Sciences AA
	Optional Concentrations:
	ANTH Anthropology
	ARTS Art Studio
	ECCH Early Childhood/Early Childhood Education
	ENGL English
	POLI Political Science
	PSYC Psychology
MECA	Mechatronics AAS
MART	Media Arts AAS
MUSI	Music AS
NURS	Nursing AAS
PEDS	Physical Education Studies AS
RADT	Radiologic Technology AS
RTVB	Radio-Television Broadcasting AAS
1+1 PROGRAMS SUNY ADK (Year 1) + SUNY ESF (Year 2)	
	Environmental and Natural Resource Conservation
	Forest Technology
	Land Surveying Technology
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