

**2011 ONLINE APPLICATION
SCHOOL COUNSELOR FORM**
FRESHMAN APPLICANTS ONLY

THE STATE UNIVERSITY OF NEW YORK
Application Services Center (ASC)
P.O. Box 22007
Albany, New York 12201-2007

Please complete the Student Section of this form and submit it to your school counselor. If you have selected the "mail in" option for payment of your application fees and not yet mailed your payment, attach a check or money order for the total amount due, payable to SUNY ASC (or mail directly to The State University of New York, Application Services Center, PO Box 22007, Albany, NY 12201-2007). Your application will not be processed until full payment of application fees or an authorized application fee waiver request is received.

Student Section

Applicant ID Number: _____ U.S. Social Security Number: _____ - _____ - _____

Name: _____ / _____ / _____
Last First Middle

Address: _____
Street/P.O. Box Apt #

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number: () _____ Date of Birth: _____

My Applications: Campus: _____ Curriculum: _____ Early Action/Early Decision: [] Yes [] No
 _____ [] Yes [] No
 _____ [] Yes [] No
 _____ [] Yes [] No

[] I have applied for Educational Opportunity Program (EOP) consideration.

I understand that my application cannot be processed if it has not been completed according to the instructions and any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is therefore true to the best of my knowledge. **If I am an Early Decision/Early Action applicant, I agree to comply with the program requirements outlined in the Viewbook and Online Application Instructions.** With my signature, I authorize the release of my transcript(s) and standardized test scores to State University campuses for admission purposes.

Student Signature: _____ Required _____ Date: _____

Parent/Guardian Signature: _____ Required for Early Decision Applicants only _____ Date: _____

Counselor Section

Please send a transcript to each campus listed above. This form, when complete, should be submitted to the Application Services Center (see address above). If you prefer, you can upload transcripts and submit the information on this form online by accessing your CounselorConnect account.

Please complete one of the following statements (a or b) about this applicant's rank in class. If your school does not calculate or disclose exact rank in class, we would appreciate your estimating this student's rank as nearly as possible.

Class Rank and GPA:

a This applicant currently ranks [][][][] in a class size of [][][][] This rank is: Weighted Unweighted (mark only one)

b We do not calculate or disclose exact rank. I estimate this applicant's position to be within the top [][] percent of his or her class.

High School Average (at time of application) [][][][] on a scale of [][][][]

High School Average: Weighted Unweighted (mark only one)

U.S. Department of Education's Academic Competitiveness Grants (ACG) eligibility criteria:

1. For applicants graduating from a secondary school in New York State, do you anticipate that the applicant will (check all that apply):

- Graduate with a NYS Regents Diploma with Honors or Advanced Designation.
- Have successfully completed two or more Advanced Placement (AP) or International Baccalaureate courses (IB) with (minimum) test scores of 3 or higher on AP exams and 4 or higher on IB exams.
- Have successfully completed a set of courses similar to the State Scholars Initiative. This program requires passing grades in the following: 4 years of English; 3 years of Math (including Algebra I and higher level courses such as Algebra II, Geometry); 3 years of science (including at least two from biology, chemistry, physics); 3 years of social studies; and one year of foreign language.

2. For applicants graduating from a secondary school outside of New York State:

- Please check the box if you anticipate the applicant will meet your state's recognized rigorous high school program.

For more information or to find recognized rigorous high school programs, visit <http://www.ed.gov/admins/finaid/about/ac-smart/state-programs.html>

High School: _____ CEEB Code: _____

Official's Printed Name: _____ Official's Signature: _____ Date: _____