

Think First. Type Second. This worksheet allows you to read and complete questions before entering your information online. This is a good time for you to check with your school counselor or college advisor regarding any question or answer you may be unsure of. The questions are listed in the same order that they appear in **applySUNY**, but after you are online you may be able to skip some questions based on your answers to earlier questions. You may also wish to print the complete instructions at www.suny.edu/appinstructions.

Create a Login Page.

Email Address:
(A unique email address is needed to access applySUNY) _____

Password: (at least 6 characters) _____

Preliminary Questions Page.

Are you a U.S. Citizen? Yes No

Will you be a freshman or transfer student? Freshman Transfer

Are you applying for the Educational Opportunity Program?
(See http://www.suny.edu/student/academic_eop.cfm) Yes No

Term you are applying for: (semester and year) Fall Spring Summer 20____

About Me Page.

Last Name: _____

First Name: _____

Middle Name: _____

Suffix (i.e. Jr., III) _____

Social Security Number: _____

Date of Birth: _____

Gender: Male Female

Military/Veteran Status: Active Duty Military Dependent of Veteran Veteran

Are you Hispanic/Latino? Yes No

If Hispanic/Latino, is your background: Central American Dominican Mexican
 Puerto Rican South American Other

If not Hispanic/Latino, please indicate your race: American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander White
 Black or African American

Disability Status: Physically Disabled Learning Disabled
 Physically and Learning Disabled

Is English your native language? Yes No

Have you been convicted of a felony? Yes No

Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No

Former Last Name: _____

Former First Name: _____

My Addresses Page.

Are you a New York State resident?

Yes

No

If yes, what is your New York State county of residence?

If yes, but for less than one year, how many months?

Home Phone Number:

COUNTRY DIALING CODE _____ AREA/CITY CODE _____ NUMBER _____

Daytime/Cell Phone Number:

COUNTRY DIALING CODE _____ AREA/CITY CODE _____ NUMBER _____ EXTENSION _____

Permanent Home Mailing Address:

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/TERRITORY _____ ZIP (U.S. ONLY) _____

PROVINCE (OUTSIDE U.S.) _____

POSTAL CODE (OUTSIDE U.S.) _____

COUNTRY (OUTSIDE U.S.) _____

Temporary Mailing Address:

DATE AFTER WHICH MAIL SHOULD BE SENT TO YOUR PERMANENT ADDRESS _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/TERRITORY _____ ZIP (U.S. ONLY) _____

PROVINCE (OUTSIDE U.S.) _____

POSTAL CODE (OUTSIDE U.S.) _____

COUNTRY (OUTSIDE U.S.) _____

My Family Page.

Parent/Guardian Last Name:

Parent/Guardian First Name:

Parent/Guardian Suffix (i.e. Jr., III)

Parent/Guardian Address:

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/TERRITORY _____ ZIP (U.S. ONLY) _____

PROVINCE (OUTSIDE U.S.) _____

POSTAL CODE (OUTSIDE U.S.) _____

COUNTRY (OUTSIDE U.S.) _____

Family Income (total household income last year):

Size of Household (including applicant):

First Alumnus/a:
(Repeat for additional alumni)

ALUMNUS/A LAST NAME

ALUMNUS/A FIRST NAME

RELATIONSHIP TO YOU

GRADUATION YEAR

SUNY CAMPUS

My Student Info Page.

Are you applying for full-time or part-time study?

Full-time Part-time

Indicate up to 5 student support services you would like:

- Improving mathematical skills Improving reading skills
 Improving writing skills Finding part-time jobs
 Developing good study techniques Locating off-campus housing
 Personal, career or educational counseling

Are you an Adult Learner?

Yes No

My High School Page.

High School CEEB Code:

High School Name and Address:

Indicate your Secondary Education Status:

- Graduated Withdrew Completed GED
 Will Graduate Home Schooled

Date of High School graduation, withdrawal or completion of GED

MM/YYYY

Date last Scholastic Aptitude Test (SAT) was or will be taken:

MM/YYYY

Date last American College Test (ACT) was or will be taken:

MM/YYYY

My Transfer Colleges Page. (Transfer Applicants only)

If you have earned, or will earn, an associate degree from a New York State public college, indicate the degree type:

- AA AS AAS AOS

Date the associate degree will be earned:

MM/YYYY

Indicate the New York State public college where the degree was or will be earned:

If you are transferring to complete a cooperative program, indicate the previous curriculum:

Type of college you last attended:

- SUNY CUNY Outside United States
 NYS Private 4-yr Non-NYS Public 4-yr Non-NYS Private 4-yr
 NYS Private 2-yr Non-NYS Public 2-yr Non-NYS Private 2-yr

Are you or were you previously enrolled in EOP, College Discovery, HEOP or SEEK?

Yes No

Do you or will you hold a bachelor's degree prior to enrollment?

Yes No

Indicate the total number of credits you expect to earn from all colleges before enrolling:

First Transfer College:
(Repeat for additional colleges)

COLLEGE NAME _____

COLLEGE ADDRESS _____

DATE ENTERED (MM/YYYY) _____ DATE LEFT (MM/YYYY) _____

TOTAL CREDITS _____

GPA _____

My International Info Page. (International Applicants only)

Country of Birth: _____

Country of Citizenship: _____

Are you a permanent resident of the U.S.? Yes No

If yes, please provide your alien registration number: _____

If you are not a permanent resident, have you applied for permanent resident status? Yes No

If you are not a permanent resident, indicate your visa type: _____

Visa Expiration Date _____
MM/YYYY

How many years have you been in the U.S.? _____

Date latest Test of English as a Foreign Language (TOEFL) was or will be taken: _____
MM/YYYY

My Campus Selections Page.

First Campus:
(Repeat for additional campuses)

CAMPUS NAME _____

Fall Spring Summer 20 _____
SEMESTER YOU WISH TO ENROLL

CURRICULUM _____

Yes No
ARE YOU APPLYING FOR EARLY ACTION?

Yes No
ARE YOU APPLYING FOR EARLY DECISION?

Yes No
DO YOU WISH CAMPUS HOUSING

IF APPLYING TO THIS CAMPUS AGAIN, WHEN DID YOU FIRST APPLY? _____

SPECIAL CAMPUS PROJECT _____

IF APPLYING FOR JOINT ADMISSION, INDICATE YOUR FOUR-YEAR CAMPUS CHOICE. _____

Select Payment Type Page.

Once you have completed all questions, you will be asked to pay your application processing fees. You will be charged an application fee for each campus you select. The quickest way to have your application processed is to submit payment via credit card, debit card or electronic check online. You may also elect to mail-in your payment or to request a fee waiver. Your application will not be processed until full payment or authorized fee waiver request is received.