



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.

My Profile Page.

First Name: _____
Middle Name: _____
Last Name: _____
Suffix (i.e. Jr., III) _____
Social Security Number: _____
Date of Birth: _____
Gender: Male Female
Permanent Home Mailing Address:
COUNTRY
ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE/TERRITORY ZIP (U.S. ONLY)
PROVINCE (OUTSIDE U.S.)
POSTAL CODE (OUTSIDE U.S.)
Home Phone Number:
COUNTRY DIALING CODE AREA/CITY CODE NUMBER
Email Address:
(A unique email address is needed to access applySUNY)
Password: (6-8 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 20 Spring 20 Summer 20

About Me Page.

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?

Daytime/Cell Phone Number:

COUNTRY DIALING CODE	AREA/CITY CODE	NUMBER	EXTENSION
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Temporary Mailing Address:

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

COUNTRY _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

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

POSTAL CODE (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)
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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 New York GED
 Will Graduate Home Schooled Completed Non-New York GED

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:

Transfer College Name:
(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.

Campus Name:
(Repeat for additional colleges)

COLLEGE NAME

Yes

No

ARE YOU APPLYING FOR EOP AT THIS CAMPUS?

Fall 20_____

Spring 20_____

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 COLLEGE HOUSING?

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

SPECIAL CAMPUS PROJECT

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.

Questions? Contact the Recruitment Response Center at 800.342.3811 or at askSUNY@suny.edu