



**2019 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.

Student Section

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

Name: _____ / _____ / _____
Last First Middle

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

Phone Number _____ State/Province _____ Zip/Postal Code _____ Country _____
(including area code):

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 that any knowing 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: _____ Date: _____
Required

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

Counselor Section

This form, when complete, should be submitted to the Application Services Center (see address above). If you prefer, you can submit the information on this form online by accessing your account at www.suny.edu/counselor.

CLASS RANK AND GPA:

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.

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)

High School: _____ CEEB Code: _____

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

INSTRUCTIONS FOR SUBMISSION OF TRANSCRIPTS

Academic records must be submitted to each SUNY campus listed above.

- Counselors may upload high school transcripts for students who have applied through applySUNY to the Application Services Center at www.suny.edu/counselor.
- Counselors may send high school transcripts by postal mail to the admissions office at each campus.

Questions? Call the Recruitment Response Center at 1.800.342.3811, Monday–Friday, between 8:30 a.m. and 4:30 p.m. (EST).