



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 of which you may be unsure. 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 an Account

First Name: _____
Middle Name: _____
Last Name: _____
Suffix (i.e. Jr., III): _____
Email Address: _____
(A unique email address is needed to access applySUNY)
Password: (8-16 characters, including one number, one lower-case character, one uppercase character and one symbol) _____

Start Tab: Education Plans Section

Will you be a freshman or transfer student? [] Freshman [] Transfer
Are you applying for full-time or part-time study? [] Full-time [] Part-time
Are you an Adult Learner? [] Yes [] No
Are you applying for the Educational Opportunity Program? [] Yes [] No

Profile Tab: Personal Information Section

Former Last Name: _____
Former First Name: _____
U.S. Social Security Number: _____
Date of Birth: _____
Gender: [] Male [] Female
If you would like the opportunity, we invite you to share more about your gender identity: _____

Profile Tab: Address Section

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.) _____

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.)

Profile Tab: Contact Details Section

Home Phone Number:

COUNTRY DIALING CODE

AREA/CITY CODE

NUMBER

Mobile Phone Number:

Would you like to receive important text messages?

Yes

No

Profile Tab: Citizenship Section

Are you a U.S. Citizen?

Yes

No

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 and expiration date:

VISA TYPE

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

Profile Tab: Residency Section

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?

Profile Tab: Demographics Section

Does one or more of the following apply to you: you are or were in foster care at any time after the age of thirteen; you are an orphan who was not adopted before the age of thirteen?

Yes

No

Military/Veteran Status:

Active Duty Military

Dependent of Veteran

Veteran

National Guard or Active Reserve

Are you Hispanic/Latino?

Yes

No

If Hispanic/Latino, is your background:

Central American

Cuban

Dominican

Mexican

Puerto Rican

South American

Other

All applicants, please indicate your race (select one or more):

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Is English your native language?

Yes

No

Have you been dismissed, expelled and/or suspended from a college for disciplinary reasons? If yes, give the approximate date(s) of each incident, explain the circumstances and reflect on what you have learned from the experience. You may use up to 400 words.

Yes

No

Family Tab: Household Information Section

Family Income (total household income last year): _____

Size of Household (including applicant): _____

With whom do you make your permanent home? Parent 1 Both Parents Other
 Parent 2 Legal Guardian Ward of the Court/State

Parent 1:
(Repeat for additional parent,
or legal guardian, if applicable)

LAST NAME FIRST NAME SUFFIX (I.E. JR., III)

EMAIL 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.)

What is the highest level of education obtained by Parent 1? Less than a high school diploma High School diploma (or equivalent)
 Some college, no degree Associate degree Bachelor's degree or higher

What is the highest level of education obtained by Parent 2? Less than a high school diploma High School diploma (or equivalent)
 Some college, no degree Associate degree Bachelor's degree or higher

Family Tab: Alumni Information Section

First Alumnus/a:
(Repeat for additional alumni)

ALUMNUS/A LAST NAME ALUMNUS/A FIRST NAME

RELATIONSHIP TO YOU

GRADUATION YEAR SUNY CAMPUS

Academic History Tab: High School Section

High School CEEB Code: _____

High School Name and Address: _____

If you attended a New York City public high school, provide your NYC DOE OSIS Number: _____

Indicate your Secondary Education Status: Graduated Withdrew Completed NY high school equivalency diploma
 Will Graduate Home Schooled Completed non-NY high school equivalency diploma

Date of High School graduation, withdrawal or completion of a high school equivalency diploma: _____
MM/YYYY

Did you attend a New York State high school for two or more years? Yes No

What college credits have you received or do you expect to receive before you graduate? Advanced Placement (AP) College Level Examination Program (CLEP)
 International Baccalaureate (IB) Course taken at a college before graduation
 Other College course taught in high school

Academic History Tab: Standardized Test Dates Section

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

Academic History Tab: Transfer History Section

Do you or will you hold an associate degree from a New York State public college prior to enrollment?

Yes No

If yes, indicate the New York State public college where the degree was or will be earned:

If yes, indicate the degree type:

AA AS AAS AOS

If yes, date the associate degree was or will be earned:

MM/YYYY

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

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

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

Yes No

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

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

Yes No

Academic History Tab: Previous Colleges Section

Transfer College:

(Repeat for additional colleges)

COLLEGE NAME

COLLEGE ADDRESS

DATE ENTERED (MM/YYYY)

_____ / _____

DATE LEFT (MM/YYYY)

TOTAL CREDITS

GPA

Campus Selections Tab

First Campus:

(Repeat for additional colleges)

Fall 20____ Spring 20____ Summer 20____

SEMESTER YOU WISH TO ENROLL

CAMPUS NAME

Yes No

ARE YOU APPLYING FOR EOP AT THIS CAMPUS?

MAJOR

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/AGENCY CODE

Select Payment Type

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 or debit card 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