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): ___________________________________________________________
Preferred Name (Nickname): __________________________________________________
Email Address: (A unique email address is needed to access applySUNY)
Password: (8-16 characters, including one number, one lowercase 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.)
**Profile Tab: Contact Details Section**

- **Home Phone 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:**
- **City of Birth:**
- **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
  - Spouse of Active Duty Military
  - Dependent Child of Active Duty Military
  - Veteran
  - Spouse of Veteran
  - Dependent Child of Veteran
  - National Guard or Active Reserve
  - Spouse of National Guard or Active Reserve
  - Dependent Child of National Guard or Active Reserve
- **Are you Hispanic/Latino?**
  - Yes
  - No
- **If Hispanic/Latino, is your background:**
  - Central American
  - Cuban
  - Puerto Rican
  - South American
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Dominican
  - Mexican
  - Other
  - Asian
  - Black or African American

- **All applicants, please indicate your race (select one or more):**
- **Is English your native language?**
  - Yes
  - No

- **Have you been dismissed, expelled and/or suspended from a college for disciplinary reasons?**
  - Yes
  - No  
- 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.

Questions? Contact the Recruitment Response Center at 800.342.3811 or at askSUNY@suny.edu
### 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: | □ 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) |

### Family Tab: Alumni Information Section

| First Alumnus/a: | _________________________________________________________________ |
| (Repeat for additional alumni) | _________________________________________________________________ |
| 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)  □ International Baccalaureate (IB)  
  □ Course taken at a college before graduation  □ 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 |

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### 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
- [x] No

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

- [ ] AA
- [ ] AS
- [ ] AAS
- [ ] AOS

If yes, indicate the degree type:

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

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

- [ ] MM/YYYY

Type of college you last attended:

- [ ] SUNY
- [ ] NYS Private 4-yr
- [ ] CUNY
- [ ] Non-NYS Public 4-yr
- [ ] Outside United States
- [ ] 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:

- [ ] MM/YYYY

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:

- [ ] YES
- [ ] NO

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

- [ ] Yes
- [x] No

### Academic History Tab: Previous Colleges Section

Transfer College:

(Repeat for additional colleges)

<table>
<thead>
<tr>
<th>COLLEGE NAME</th>
<th>COLLEGE ADDRESS</th>
<th>DATE ENTERED (MM/YYYY)</th>
<th>DATE LEFT (MM/YYYY)</th>
<th>TOTAL CREDITS</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Campus Selections Tab

First Campus:

(Repeat for additional colleges)

Choose the semester you wish to enroll:

- [ ] Fall 20______
- [ ] Spring 20______
- [ ] Summer 20______

Are you applying for EOP at this campus?

- [ ] Yes
- [ ] No

Are you applying for early action?

- [ ] Yes
- [ ] No

Are you applying for early decision?

- [ ] Yes
- [ ] No

Do you wish campus housing?

- [ ] Yes
- [ ] No

If applying to this campus again, when did you first apply?

- [ ] YES
- [ ] NO

Do you wish to have your standardized test scores considered as part of the admission process?

- [ ] Yes
- [ ] No

### 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.

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