



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.

Your Profile

First Name: _____
Middle Name: _____
Last Name: _____
Suffix (i.e. Jr., III): _____
U.S. 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: (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
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

Personal Information 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: _____

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

Personal Information 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? _____

Personal Information Tab: Demographics Section

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

All applicants, please indicate your race (select one or more): American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander White
 Black or African American

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

Personal Information Tab: Additional Contact Information Section

Daytime/Cell Phone Number: _____
COUNTRY DIALING CODE AREA/CITY CODE NUMBER

Former Last Name: _____

Former First Name: _____

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.) _____

Personal Information Tab: Parent/Guardian Information Section

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

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

Parent/Guardian Email Address: _____

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): _____

Personal Information 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: _____

Indicate your Secondary Education Status: Graduated Withdrew Completed NY GED or TASC
 Will Graduate Home Schooled Completed non-NY GED

Date of High School graduation, withdrawal or completion of GED: _____
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 Page

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