## STATE UNIVERSITY OF NEW YORK Joint Admissions/Intent to Enroll

1	/	/	
Last Name	First Name	N	/liddle Name
2. Social Security Number:		3. Date of Birth:/	/ (MM/DD/YY)
4. Permanent Mailing Address			
City	State/Province		ip Code
5. Sex: • Male • Female 6. I	Home Phone: ( )	7. Daytime Phone: (	)
8. Are you a U.S. Citizen?  Yes	☐ No 9a. Are you a	New York Resident?   Yes	□ No
	9b. If yes, how	many years and months?	/ (YY/MM)
10. Please give county of permanen	t residence (New York State residence)	lents only):	
11. Your response to this question is	s optional:		
☐ White, non-Hispanic (	(W) 🔲 Black, no	n-Hispanic (B)	☐ Hispanic/Latino (H)
Asian or Pacific Island	der (A) American	Indian/Native Alaskan (I)	☐ Not Listed Here (O)
Four-Year College:Farmingdal	e	College Co	ode:95
Curriculum:		Curriculum	Code:
Semester Beginning:/	(MM/YY)	Campus H	ousing?  Yes  No
Special Campus Project: <u>J</u> / <u>T</u> / <u>A</u>	<u>A</u> / <u>D</u> / <u>M</u> Tra	nsfer from a State University of	New York two-year campus ☑
12a. Have you been convicted of a fe	elony?    Yes    No		
12b. Have you been dismissed and/o	or suspended from a college for di	sciplinary reasons?	□ No
13. Are you applying for the Education financial support. Be sure to compare the sure the sure that the sure the sure that t	onal Opportunity Program? EOP is plete questions 9a-b.	s for New York State students w No	ho need both academic and
14. What associate degree will you e	arn from your SUNY two-year ca	mpus?? 🗖 AA (1) 📮 AS	(2) AAS (3) AOS (4)
15. Indicate the date the associate de	egree was (or will be) earned:	/(MM/YY)	*
16. List the two-year Joint Admission	s college you attend.		
College Code 17. College Name	18. Dates Attended	19. Total Credits 20	O. GPA 21. CEEB Code
95Farmingdale	/ to /	· · · · ·	2526
I understand that this form may also grabove.	ant approval for my two-year colle	ge to release my official transcrip	ts to the four-year college listed
Applicant Signature:		, Da	ate: / /