

STATE UNIVERSITY OF NEW YORK

JOINT ADMISSIONS / INTENT TO ENROLL

Read the instructions on the reverse side before completing this form. Please print.

1. _____ / _____ / _____
Last Name First Name Middle Name
2. Social Security Number _____ - _____ - _____
3. Date of Birth _____ / _____ / _____
Month Day Year
4. Permanent Mailing Address _____

City State/Province Zip Code Country (if not U.S.)
5. Sex ☐ Male ☐ Female
6. Home Phone () _____ - _____
7. Daytime Phone () _____ - _____ (if different from home)
8. Are you a U.S. citizen? ☐ Yes ☐ No
- 9a. Are you a New York State resident? ☐ Yes ☐ No
- 9b. If yes, how many years and months? (Insert figures.) _____ / _____
Years Months
10. Please give county of permanent residence (New York State residents only). _____
11. Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require the University to submit counts of its student body by racial/ethnic categories. Your cooperation therefore, while voluntary, is essential to the accurate reporting of this information.
- ☐ (W) White, non-Hispanic ☐ (B) Black, non-Hispanic ☐ (H) Hispanic/Latino
☐ (A) Asian or Pacific Islander ☐ (I) American Indian/Native Alaskan ☐ (O) Not listed here

Four-Year College _____	Four-Year College Code _____
Curriculum _____	Curriculum Code _____
Semester Beginning _____ / _____ Month Year	Campus Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Campus Project <u>J/</u> <u>T/</u> <u>A/</u> <u>D/</u> <u>M/</u>	
<input checked="" type="checkbox"/> Transfer from a State University of New York two-year campus.	

- 12a. Have you been convicted of a felony? ☐ Yes ☐ No
- b. Have you been dismissed from a college for disciplinary reasons? ☐ Yes ☐ No
13. Are you applying for the Educational Opportunity Program? EOP is for NY State students who need both academic and financial support. Be sure to complete 9a-b. ☐ Yes ☐ No
14. What associate degree will you earn from your SUNY two-year campus? ☐ (1) AA ☐ (2) AS ☐ (3) AAS ☐ (4) AOS
15. Indicate the date the associate degree was (or will be) earned. _____ / _____
Month Year
16. List the two-year Joint Admissions college you attended.
College Code _____ 17. College Name _____
18. Dates Attended from _____ to _____
Mo. Yr. Mo. Yr.
19. Total Credits _____
20. GPA _____
21. CEEB Code _____

I understand that this form may also grant approval for my two-year college to release my official transcript to the four-year college listed above.

Applicant's Signature _____ Date _____