



Undergraduate Non-matriculated Student Application

Personal Information:

1) Name: _____
Last Name First Name Middle Name Maiden Name (if applicable)

If you have academic records under another name, please give your former name(s) _____

2) Permanent Address:

Street _____
City _____ State _____ Zip _____
County _____

3) Daytime Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

4) E-mail Address: _____

5) Social Security # ____ / ____ / ____ 6) Date of Birth ____ / ____ / ____
mm dd year

7) Sex ___ F ___ M

8) Are you a New York state resident? ___ Yes ___ No

9) Are you a United States citizen? ___ Yes ___ No If No, visa type: _____

10.) Optional: How would you describe yourself?

a.) ___ White, non-Hispanic ___ Black, non-Hispanic ___ American Indian/Native Alaskan
___ Hispanic/Latino ___ Asian or Pacific Islander ___ Not Listed

b.) If Hispanic/Latino, is your background (select one):

Dominican Mexican Puerto Rican Central American South American Other Hispanic/Latino

Academic Information:

11) Educational History:

Please list all educational institutions (high school, college and/or university) you have attended. Transcripts are required from each institution listed below before you will be able to register for a second semester of classes. Failure to list all educational institutions attended may be grounds for dismissal from the College. Please note that students who have been academically dismissed from another academic institution may not attend The College at Brockport in non-matriculated status in the semester following their academic dismissal.

High School: _____

Did you graduate? ___ Y ___ N

City, State, Zip: _____

Date of graduation/Last year attended: _____

Dates of attendance (from/to): _____

Grade Point Average: _____

Please circle the type of diploma you received. Regents Non-regents Honors Foreign Other

If you did not graduate from your high school, did you complete your GED? ___ Y ___ N Date _____ Score _____

Name of institution: _____

Did you graduate? ___ Y ___ N

City, State, Zip: _____

Degree attained/Credits completed: _____

Dates of attendance (from/to): _____

Grade Point Average: _____

Name of institution: _____

Did you graduate? ___ Y ___ N

City, State, Zip: _____

Degree attained/Credits completed: _____ Dates of

Attendance (from/to): _____

Grade Point Average: _____

Please attach additional pages if necessary.

12) Have you previously applied for admission to The College at Brockport? Yes No

If yes, please give the approximate date of application _____, and a brief explanation as to why you did not matriculate.

13) Semester and year in which you would like to enroll: Fall 20 ____ Spring 20 ____

14) Do you plan to apply for admission as a matriculated student for a future semester? Yes No

If yes, for which semester do you plan on applying? _____ Which academic program? _____

If no, please briefly describe your academic and/or professional goals with relation to completing coursework as a non-matriculated student at The College at Brockport.

15) Have you ever been convicted of a felony? Yes No

16) Have you been dismissed or suspended from The College at Brockport or any other college/university for disciplinary reasons?
 Yes No

If you answered yes to question #15 or #16, you are required to attach a letter of explanation and may be required to sign a release form allowing The College at Brockport to obtain additional information. In as much detail as possible, let the Admissions Committee know the circumstances that led to the above noted situation, what factors have changed in your life and/or what factors are now in place in order for you to be successful at The College at Brockport.

Admission to The College at Brockport is based on the qualifications of the applicant without regard to race/ethnicity, color, gender, sexual orientation, religion, national origin, age, disability, marital status, or veteran status. I understand that this application cannot be processed if it has not been completed according to instructions and that any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is true to the best of my knowledge.

Signature (required)

Date

Please return this application along with the \$25 non-refundable application fee* to:



Office of Undergraduate Admissions
The College at Brockport
350 New Campus Drive
Brockport, NY 14420-2915

*Students wishing to submit their application in person may pay with cash, check, money order, MasterCard, or Visa by bringing their application along with the application fee to the Office of Student Accounts (Rakov Center) for payment processing. Once processed by the Office of Student Accounts, students should bring their completed application to the Office of Undergraduate Admissions (Rakov Center). Students wishing to submit their application by mail should send their completed application to the Office of Undergraduate Admissions with a check or money order made payable to "SUNY College at Brockport."