

# The College at Brockport

Undergraduate Non-matriculated Student Application for High School Seniors

Please print and complete this application in its entirety. Incomplete applications will not be processed.

## Student Information:

1) Name: \_\_\_\_\_  
Last Name First Name Middle Name

2) Address:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

3) 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:

a) All applicants, please indicate your race (select one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White

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

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

## Academic Information:

11) Educational History:

High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Expected date of Graduation: \_\_\_\_\_

Dates of attendance from: \_\_\_\_\_ to: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Please circle the type of diploma you will receive. *Regents* *Non-regents* *Honors* *GED* *Foreign* *Other* \_\_\_\_\_  
(specify)

## Enrollment Information:

**High School students** may only take one class per semester. Please note, some courses may have pre-requisites that may prohibit a student from registering for that course. Please refer to the course catalog.

12) Semester and year in which you would like to enroll: Fall 20 \_\_\_\_ Spring 20 \_\_\_\_

13) Please indicate the course name and number you would like to enroll in along with a second choice option if your first choice is not available (for example: ENG 112 – College Composition):

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

**All students must submit a high school transcript and a written statement from the High School Guidance Office supporting enrollment at The College at Brockport with the application.**

Admission to The College at Brockport is based on the qualifications of the applicant without regard to age, sex, marital status, race, color, creed, religion, national origin or disability.

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 information may result in denial of admission or dismissal. All information submitted is true to the best of my knowledge.

\_\_\_\_\_  
Student Signature (required) Date

**Parent or Guardian signature supporting enrollment at The College at Brockport is required. "I support and understand the conditions under which my child is enrolling at The College at Brockport."**

\_\_\_\_\_  
Parent/Guardian Signature (required) Date

\_\_\_\_\_  
Parent/Guardian Print Name (required) Date

**Application Checklist:**

- Completed application with parent signature
- Application fee (\$25)
- High school transcript
- Letter of support from school counselor

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

\* Please make your check or money order payable to: "SUNY College at Brockport." Students wishing to submit their application in person may pay with cash, check, money order, Discover, MasterCard or Visa.

Office Use Only  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Processed by \_\_\_\_\_