



Application for Visiting Student Program

Personal Information

1. Name: _____
Last Name First Name Middle Name

2. Social Security Number: _____/_____/_____

3. Date of Birth: _____/_____/_____
mm dd yr

4. Sex: ___ Male ___ Female

5. College Address: _____
Street / apt. or dorm or PO box & college

City State Zip code Phone

6. Home address: _____
Street/apt

City State Zip code Phone

7. Are you a United States citizen? () Yes () No If no, visa type _____

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

9. 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

10. Institution I am presently attending: _____

11. Institution I wish to attend as a visiting student: _____

12. Year and semester(s) I wish to visit: _____

13. Major area of study: _____

14. Program areas in which I propose to take courses during my visit. (If possible, please specify courses you wish to take and their numbers from the The College at Brockport catalog).

15. Will you be taking courses at Brockport or participating in an overseas study program?

___ Brockport ___ Overseas Program/Which Program? _____

16. I will be seeking campus housing during my visit. Check one: () yes () no

17. I will be seeking financial aid for the visiting period. Check one: () yes () no

18a. Have you ever been convicted of a felony? Check one: () yes () no

18b. Have you ever been dismissed from a college for disciplinary reasons? Check one: () yes () no

19. Signature of student's academic or departmental advisor at the home institution:

I have reviewed and approve of the proposed program of study for the visiting period. I have agreed with the student that work completed during the visiting period will be counted toward the degree at the home institution under the following conditions:

Advisor's Signature _____

Advisor's Name (Please print)_____

Title and Department: _____

Institution: _____

Date: _____

20. Signature of student:

I understand that my acceptance at the college named on this application depends upon space availability at the institution. I also understand that I, personally, will be responsible for the tuition, fees and charges prevailing at that institution, and I agree to be bound by all rules and regulations of the host college. I have requested that a copy of my transcript be sent to the Visiting Student Program (VSP) coordinator at the institution I am applying to visit.

Student's Signature:

21. Signature of Registrar from home institution:

I certify that _____ is a
Student's name

_____ in good academic and disciplinary standing.
term and year (e.g.: first semester junior)

Registrar's Signature: _____

Registrar's Name (Please print): _____

Date: _____

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.

Please return to:

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

