



SUNY BROCKPORT
 350 New Campus Drive
 Brockport, New York 14420
 www.brockport.edu

NON-DEGREE APPLICATION PAYMENT FORM

Please complete and return this form, along with the fee, as part of your application. Applications submitted without the appropriate fee will not be processed.

APPLICANT INFORMATION

Name: _____
Last First Middle Initial

Social Security No.: _____ Daytime Telephone Number: _____

APPLICANT FEE

A non-refundable **\$25** application fee is required. This form must accompany the application for non-degree status.

PAYMENT OPTIONS

- Check made payable to **SUNY College at Brockport**
- Money Order
- Cash (requires that application be submitted in person)
- Credit Card (Visa, MasterCard and Discover Only)

If paying by credit card, please complete the following:
 VISA MASTERCARD DISCOVER

Please print cardholder name as it appears on the card.

Card # _____ Expiration _____

Your signature _____

The College at BROCKPORT

STATE UNIVERSITY OF NEW YORK

To the Registrar of _____
college/university

Please attach this form to the transcript requested and send it to the student at the address indicated below in a sealed envelope with your stamp across the seal. The student will forward your sealed envelope to the Office of Graduate Admissions with other application materials. Your assistance in this process is appreciated. Please note that this student may be under a deadline to provide this transcript. Thank you.

Transcript of _____ Social Security No. _____
your last name, first name, former name

Years attended _____ to _____ Degree received _____
month/year month/year

Current name and address: _____

Student Signature: _____

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