

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 _____