Partners in Teaching Excellence
STUDENT INFORMATION SHEET

Prospective Student Information:

Name  ______________________________________________________
Address  ______________________________________________________
Phone  ______________________________________________________
Email  ______________________________________________________
Other college(s) attended: ____________________________________________
Major at other college(s):
__________________________________________________________________

Expected graduation from other college:
Month ____________  Year _______________

Delhi Program of Interest:
_____ BBA in Hospitality Management/Hotel and Resort Concentration
_____ BBA in Culinary Arts Management (Suffolk CC only)
_____ BBA in Hospitality Management/Travel and Tourism Concentration
    (Schenectady CC only)
_____ BBA in Business and Technology Management
_____ BS in Criminal Justice (Schenectady CC only)

What semester/year do you wish to begin taking SUNY Delhi courses?
Fall ____________    Spring __________

Do you anticipate being a part-time or full-time student with SUNY Delhi?
____________________________________________________________________

Will you be applying for financial aid through SUNY Delhi?    YES        NO

Do you require academic accommodations based on a documented learning disability?
YES          NO

This section to be completed by SUNY Delhi faculty/staff
NOTES/COMMENTS/FOLLOW UP DATE:

____________________________________________________________________