

STATE UNIVERSITY OF NEW YORK

Joint Admissions/Intent to Enroll

Read instructions on page 2 before completing this form. Please print. If you have questions call 1-800-342-3811.

1. _____ / _____ / _____
Last Name First Name Middle Name

2. Social Security Number: _____ - _____ - _____ 3. Date of Birth: ____ / ____ / ____ (MM/DD/YY)

4. Permanent Mailing Address _____

_____ - _____
City State/Province Zip Code

5. Sex: • Male • Female 6. Home Phone: () _____ - _____ 7. Daytime Phone: () _____ - _____

8. Are you a U.S. Citizen? Yes No 9a. Are you a New York Resident? Yes No

9b. If yes, how many years and months? ____ / ____ (YY/MM)

10. Please give county of permanent residence (New York State residents only): _____

11. Your response to this question is optional:

- White, non-Hispanic (W) Black, non-Hispanic (B) Hispanic/Latino (H)
 Asian or Pacific Islander (A) American Indian/Native Alaskan (I) Not Listed Here (O)

Four-Year College: _____

College Code: _____

Curriculum: _____

Curriculum Code: _____

Semester Beginning: ____ / ____ (MM/YY)

Campus Housing? Yes No

Special Campus Project: J / I / A / D / M

Transfer from a State University of New York two-year campus

12a. Have you been convicted of a felony? Yes No

12b. Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No

13. Are you applying for the Educational Opportunity Program? EOP is for New York State students who need both academic and financial support. Be sure to complete questions 9a-b. Yes No

14. What associate degree will you earn from your SUNY two-year campus?? AA (1) AS (2) AAS (3) AOS (4)

15. Indicate the date the associate degree was (or will be) earned: ____ / ____ (MM/YY)

16. List the two-year Joint Admissions college you attend.

College Code 17. College Name 18. Dates Attended 19. Total Credits 20. GPA 21. CEEB Code

_____ / _____ to _____ / _____

I understand that this form may also grant approval for my two-year college to release my official transcripts to the four-year college listed above.

Applicant Signature: _____

Date: ____ / ____ / ____

SUNY Joint Admissions/Intent to Enroll

Instructions

This form is for associate degree candidates who are enrolled in a SUNY Joint Admissions Program. Completing the form will satisfy your commitment to inform the four-year SUNY college listed in the college box of your intent to register.

You should complete the Intent to Enroll form and mail it to the Director of Admissions at the four-year college which you have specified, immediately after completing three semesters of coursework at your two-year Joint Admissions college.

Please refer to the current SUNY Application Viewbook for SUNY college codes, curriculum names, curriculum code numbers and college addresses. Copies of the Application Viewbook are available in your college admissions office or by calling 1-800-342-3811.

We wish you well in your plans to continue your education at SUNY!

Note: Two items in the college box have already been completed for you and identify you as a Joint Admissions transfer from a SUNY two-year college.