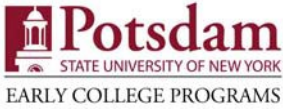


Updated: Aug 2017



COLLEGE ADVANCEMENT PROGRAM STUDENT APPLICATION

Semester you are applying for: Summer Fall Winterim Spring Year

Date:

Name (F M L):

Mailing Address:

City/State/Zip:

E-mail Address:

Home Phone (MA):

Cell Phone (ZY):

SS or "P" Number:

Date of Birth:

Male
 Female

Are you a veteran or a dependent of a veteran? yes no

Are you a U.S. Citizen?: yes no

Principal resident of New York State? yes no **If yes, # of years:**

Are you Hispanic/Latino? yes no
If yes, select one:

Central American Dominican Mexican
 South American Puerto Rican Cuban
 Other Hispanic/Latino

Please indicate your race (select one or more):

White (1) Black or African American (2) Asian (3)
 Native Hawaiian or Other Pacific Islander (4)
 American Indian, Alaska Native, or First Nations (5)

INTERNATIONAL STUDENTS ONLY: Please complete the following

Country of Birth:

Country of Citizenship:

State of Legal Residence:

If not a U.S. Citizen, have you applied for citizenship?: yes no

If yes, how many yrs have you been in U.S.?

If not a U.S. Citizen, indicate your visatype: F-1 Student (71) J-1 Exchange (72)
 Other

Visa Expiration (Mth Yr):

HIGHSCHOOLINFORMATION:

Name of High School:

Location (City/ST):

Expected Graduation (Mth Yr):

Have you ever attended SUNY Potsdam?
 no yes* **If yes, last semester enrolled**

Briefly describe your reason for attending SUNY Potsdam.

Check here if you have been:
 convicted of a felony
 dismissed from a college for disciplinary reasons

Briefly describe your current educational status.

*If you attended SUNY Potsdam previously under a different name, please indicate that here.

List all secondary schools and colleges attended, beginning with the most recent, and include date(s) of attendance.

School Name	City ST Zip	Dates Attended	Total Credits	GPA
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I declare that I have not been "dismissed" and I am eligible to return to, or graduate from, the college(s) and/or high school(s) listed on my SUNY Potsdam College Advancement Program Student Application. I understand that **official transcript(s) must be sent by all college(s)/high school(s)** in question and received by the first day of the semester or I may be dropped from the class(es).

Applicant's Signature **Date**



COLLEGE ADVANCEMENT PROGRAM STUDENT COURSE REGISTRATION FORM

Registration Date:
(Date you are submitting your request)

Semester: Summer Fall Winterim Spring Year

Name
First Middle Last

Potsdam ID or SS Number:

Mailing Address:

Home Phone:

City/State/Zip:

Cell Phone:

Email Address:

Please Note: Non-matriculated undergraduate students (including College Advancement Program high school students) are restricted to no more than 8 credits per semester and 15 credits per year.

Course Code Example: 10090	Course Number Example: CHEM 101	Section Number Example: 089	Course Title If available	Credits Example: 3

Please Note: Preference in courses is given to SUNY Potsdam matriculated students. To support this effort, non-matriculated students will not be enrolled in any courses until one week prior to the start of the semester, unless permission is granted by the professor. In the case of a course meeting max enrollment capacity, you may be bumped from said course if a matriculated student needs to take it.

Please complete this fillable PDF form and return to Office of Early College Programs:

By Email:
earlycollege@potdam.edu

By Fax:
315.267.3350

By Mail:
Graduate & Continuing Ed
206 Raymond Hall
44 Pierrepont Avenue
Potsdam, NY 13676

In affirming its commitment to equality for all individuals, SUNY Potsdam has an affirmative action program which actively seeks faculty, staff, and students without regard to race, color, religion, sex, age, marital status, national origin, or physical handicap.