

SUNY POTSDAM NON-MATRICULATED STUDENT APPLICATION

Semester you are applying for: Summer Fall Winterim Spring Year _____

Date _____

Name _____

FIRST, M, LAST

Mailing Address _____

City/State/Zip _____

Email Address _____

Home Phone (MA) _____

Cell Phone (ZY) _____

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, or First Nations ⁽⁵⁾

HIGH SCHOOL INFORMATION

Name of high school _____

Location (city/state) _____

Briefly describe your reason for attending SUNY Potsdam.

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/STATE/ZIP	DATES ATTENDED dd/mm/yy	TOTAL CREDITS	GPA
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SS or "P" # _____ Male

Date of Birth _____ 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 _____

Expected graduation (month/year) _____

INTERNATIONAL STUDENTS ONLY: 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 years have you been in U.S.? _____

If not a U.S. citizen, indicate your visa type:

F-1 Student (71) J-1 Exchange (72)

Other _____

Visa expiration (month/year) _____

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 _____



SUNY POTSDAM NON-MATRICULATED STUDENT COURSE REGISTRATION

Registration Date: _____
(Date you are submitting your request)

Semester: Summer Fall Winterim Spring Year _____

Name _____
FIRST, M, LAST

Email Address _____

Mailing Address _____

Potsdam ID or SS # _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

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	Course Number	Section Number	Course Title	Credits
Example: 10090	Example: CHEM 101	Example: 089	If available	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 maximum 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 Graduate and Continuing Education:

By uploading to the Drop Box below:

https://webspace.potsdam.edu/Graduate_and_Continuing_Education_Secure_Uploads

If there are any questions, please feel free to call (315) 267-2165 or email: gradcon@potsdam.edu

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.

