

## Educational Gap Form

We were pleased to receive your application to Alfred State College. While reviewing your application, we noted that there has been a gap in your educational experience. **Before a decision can be made, it is necessary for you to complete this form, sign and date it at the bottom, and return it to the Admissions Office.**

Place an "X" on the lines in front of the area(s) that represent what you were doing during the time period

"\_\_\_\_\_". **Be sure to account for this entire timeframe. If the entire timeframe is not accounted for, it will be necessary to return the form to you thus delaying a decision on your application.** Provide detailed explanations where indicated and fill in the appropriate dates.

\_\_\_\_ Employment—Please explain and use back of form if necessary\_\_\_\_\_

\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_ Attended a college, university, trade school, BOCES, etc., following high school graduation.  
Please indicate where you attended, gives dates of attendance, and make arrangements for official transcript(s) to be sent to the Alfred State Admissions Office.

\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_ Homemaker/Raising a Family \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_ Military Service \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_ Other—Please explain \_\_\_\_\_

\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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**All applicants must answer the following two questions:**

1. Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date of conviction: \_\_\_\_\_

2. Have you ever been expelled and/or dismissed from a college for *disciplinary* reasons?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give date of dismissal: \_\_\_\_\_

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I understand that this form cannot be processed if it has not been completed according to the instructions and that any deliberate falsification or omission of data may result in denial of admission, revocation of acceptance decision, or administrative dismissal from the College. All information submitted is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

Student Identification #:

Return completed form to Admissions Office, 10 Upper College Drive, Alfred, NY 14802 or fax: (607) 587-4299.