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FIRST NAME

MIDDLE INITIAL

LAST NAME

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STREET ADDRESS

CITY

STATE

ZIP CODE

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PHONE #

E-MAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

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HIGH SCHOOL

HIGH SCHOOL PHONE #

CURRENT GRADE LEVEL

CURRENT GPA

GRADUATION DATE

COLLEGE ACADEMY SELECTION

Please select the appropriate College Academy

- HIGH SCHOOL ACADEMY** **Students enrolled in SUNY Adirondack courses offered in their high school**
- ON-LINE ACADEMY** **HIGH SCHOOL COHORT** **Students accessing SUNY Adirondack on-line courses from their high school**
 INDEPENDENT **Students accessing on-line courses independently from home**
- CAMPUS ACADEMY** **FULL-TIME** **Students enrolled full-time in SUNY Adirondack courses on campus or at the Wilton Center**
 PART-TIME **Students enrolled part-time in SUNY Adirondack courses on campus or at the Wilton Center**
- CAREER ACADEMY** **A collaborative program between SUNY Adirondack and BOCES**
 ADVANCED MANUFACTURING
 INFORMATION TECHNOLOGY-NETWORKING
- SUMMER ACADEMY** **High school students taking SUNY Adirondack courses during the summer at a pre-determined location**

COLLEGE ACADEMY TERM

Please note: The College Academy application must be completed each semester

Please select appropriate term and indicate the semester year

- SUMMER** YEAR _____
- FALL** YEAR _____
- SPRING** YEAR _____

HAVE YOU EVER TAKEN CLASSES AT SUNY ADIRONDACK?

- YES** **NO**

ADDITIONAL INFORMATION

ARE YOU A NYS RESIDENT? YES NO IF NO, STATE OF RESIDENCE: _____

GENDER MALE FEMALE NO RESPONSE

ARE YOU A US CITIZEN? YES NO

ARE YOU HISPANIC/LATINO YES NO

IF HISPANIC/LATINO, PLEASE INDICATE YOUR BACKGROUND:

DOMINICAN PUERTO RICAN SOUTH AMERICAN MEXICAN CENTRAL AMERICAN OTHER HISPANIC/LATINO

PLEASE INDICATE YOUR RACE:

WHITE ASIAN NATIVE HAWAIIAN OR PACIFIC ISLANDER BLACK OR AFRICAN AMERICAN
 AMERICAN INDIAN OR ALASKA NATIVE NON-RESIDENT ALIEN (COUNTRY): _____

CONSULT WITH HIGH SCHOOL COUNSELOR AND LIST COURSES YOU WISH TO REGISTER FOR BELOW

All information must be completed for the course requests to be valid

COURSE TITLE	COURSE ID	CRN#	CREDITS	DAYS & TIME

STUDENT SIGNATURE

I UNDERSTAND THE REQUIREMENTS FOR ATTENDING SUNY ADIRONDACK'S COLLEGE ACADEMY. I HAVE CONSULTED WITH MY HIGH SCHOOL COUNSELOR AND HAVE RECEIVED APPROVAL TO APPLY.

STUDENT SIGNATURE _____

DATE _____

COUNSELOR SIGNATURE

MY SIGNATURE BELOW VERIFIES THAT THIS STUDENT MEETS THE REQUIREMENTS TO PARTICIPATE IN SUNY ADIRONDACK'S COLLEGE ACADEMY.

COUNSELOR SIGNATURE _____

DATE _____

MY INITIALS INDICATE THIS STUDENT QUALIFIES FOR THE FREE OR REDUCED LUNCH PROGRAM YES NO

COUNSELOR INITIALS _____

ADMISSIONS OFFICE

DIRECTOR OF ADMISSIONS SIGNATURE _____ APPROVE DENY

DATE _____