

Binghamton University Admission Form — Winter 2011

* Complete and return to:
Undergraduate Admissions
PO Box 6001
Binghamton, New York 13902- 6001
Fax 607-777-4445

(all provide all information requested)

Date of Birth _____

Last name _____ First name _____ Middle initial _____

Permanent address _____
Apt./Number/Street _____ City/State/Zip/Country _____ County of Residence _____

Length of Time at this Address _____ If less than 3 years please specify previous addresses below:

From _____ To _____ Apt./Number/Street _____ City/State/Zip/Country _____

Winter address (PO Box if on-campus housing) _____
Box # if on-campus OR Apt./Number/Street _____ City/State/Zip _____

Current phone (_____) _____ E-mail address (required) _____

Students currently enrolled at Binghamton, and those admitted for the spring 2011 semester do not need to use this form.

You may register for Winter Session through Banner as usual. Payment is expected prior to the first day of class.

Admission to the 2011 Winter Session as a non-degree student in no way implies admission to the University for the spring 2011 and/or subsequent semesters.

A total of four credit hours is allowed for Winter Session. If you register for more than 4 credits, all but the first 4 credits will be dropped.

ADMISSION

(check ALL that apply)

____ Undergraduate student ____ Graduate student

____ Male ____ Female

____ Citizen of the United States of America

____ New York state resident

____ Not a US citizen (must complete lines a and b below)

a. Country _____

b. Visa Type _____

High school(s) attended _____ City, State _____ Date graduated or left _____

____ Have bachelor's degree (Consult the Graduate School for Admission)

College(s) Attended

Name of Institution _____ City, State _____ Attended _____ Graduated _____ Awarded _____

Those for whom the following choices apply must respond (if yes, please attach a statement regarding the specifics):

Yes ____ No ____ Convicted of a felony**

Yes ____ No ____ Suspended or dismissed from college for disciplinary reasons**

Yes ____ No ____ Suspended or dismissed from college for academic reasons**

School: _____ Semester/Year: _____

If you have previously attended Binghamton (including Summer and/or Winter Session), indicate the most recent semester and year of enrollment: _____

I am applying for: ____ Admission ____ Readmission

I certify that all the information submitted by me or on my behalf is true and correct. I understand that any deliberate falsification or omission of application data may result in denial of admission or dismissal.

Signature _____ Date _____

** Answering yes to either item will not automatically prevent consideration.

An applicant who responds affirmatively to either of these questions is required to provide further information.

HEALTH FORM / IMMUNITY REQUIREMENT

IMPORTANT!

To comply with NEW YORK STATE PUBLIC HEALTH LAW...

A student's enrollment, course registration, campus housing and financial aid at Binghamton University depend on compliance with the MMR and Meningitis requirements. Students must fulfill these requirements to be eligible to register for classes. If you are not officially registered for courses, your campus housing and eligibility for financial aid will be affected. You will not be able to remain in campus housing and we will not be able to process your financial aid nor generate refunds, if applicable, until these requirements are met.

A copy of the Binghamton University Medical History form is appended to this Application form. The submission of a completed health history and physical examination form is required for all students. The physical examination portion is recommended for all students.

The Medical History form attached to this Application requires signatures and so must be mailed or faxed.

ALL STUDENTS (regardless of credits or birthdate) MUST COMPLETE THE MENINGITIS RESPONSE (page 2 of the attached Medical History form, Part A).

New York State Public Health Law requires submission of proof of immunity to Measles, Mumps and Rubella for all students born on or after 1/1/57, regardless of credit load (page 2 of the attached Medical History form, Part B).