

Application for Admission to the University of the State of New York

Name: _____

Address: _____

City or Town: _____ State: _____

County: _____ School District: _____

Date of Birth: _____

Are you a resident of the State of New York? Yes No

Additional Information

Describe medical problems or concerns: _____

Signature: _____

Signature Date: _____

Signature Title (School): _____

Signature of Student in Case of Emergency

Name: _____ Name (School): _____

Relationship: _____ School (School): _____

Name: _____ Name (School): _____

Relationship: _____ School (School): _____

Sponsored by the State University System of New York
1000 Washington St., Albany, NY 12242 • 518-485-5100

How to Fill in the Blanks

Sex: _____ Date of Birth: _____ School (School): _____