

## College in High School Application and Course Selection Form Educational Pathways, SUNY Cobleskill, Cobleskill, NY 12043

Print or type all information clearly. Please complete the course selection form on the bottom of this application.

1. First Name	Middle Name	Last Name				
1a. Chosen First Name (Optional)	1b. Personal Pronouns (Optional):					
	He, Him, His	She, Her,	Hers	_ They, Them, Theirs		
2. Social Security Number	3. Date of Birth (Month/Day/Year	)	4. Legal Sex (R	dequired):		
			N	Male Female		
Semester you wish to enroll     (Full-year, Fall)	Gender Designation (Optional):  Year)  Mole Formula Non Binary					
(Full-year, Fall	or Spring) (	Year)	Male	Female Non-Binary		
6. High School Name						
Currently enrolled grade Expected date of graduation						
Permanent (home) address. Include PO     Box/Apartment number as appropriate.	Street					
$\rightarrow$ $\rightarrow$ $\rightarrow$	City/State/ZIP					
8. Home Phone	9. Daytime phone (if different)					
( )	(	)				
10. E-mail address:		11. Are you a	U.S. Citizen? _			
12. Are you a New York State resident? Yes No						
If your principal or permanent home has not been in New York State for a 12-month period immediately prior to the date you intend to enroll, you will be considered an out-of-State student for tuition purposes. Please note that if you are financially dependent and your custodial parent lives in a state other than New York State, you will be considered a resident of that state.						
13. County of Residence (NY State residents only):						
14. Your response to the following racial/ethnic q civil rights legislation and implementing regul submit counts of its student body by racial/eth therefore, while voluntary, is essential to the information.	White, non-Hispanic Asian or Pacific Islander Black, non-Hispanic American Indian/Native Alaskan Hispanic/Latino Other (not listed above)					
I understand that this application cannot be processed if it has not been completed according to instructions and that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of data may result in denial of admission or in dismissal.						
Signature	Date					
0	41	0	ODN	# /off: 00		

Course pre	fix & number:	Course title:	Credits:	CRN # (office use only)
Example:	ENGL 101	Composition	3	
1.				
2.				
3.				
4.				
5.				