

Registration: Non-matriculated students may enroll in SUNY Cobleskill courses as long as the course has seat availability and the student meets course pre-requisites. Priority is first given to current SUNY Cobleskill students. Applications will not be processed until the week before the semester starts. Students must also provide a copy of their driver's license.

- Non-matriculated or non-degree students are not formally enrolled in a degree program.
- Non-matriculated students may only enroll in up to 11 credit hours per semester.
- Non-matriculated students are NOT eligible for financial aid.
- Non-matriculated students may NOT accumulate more than 12 credit hours in non-matriculated status (advisement and permission is required for students approaching the 12 credit mark). Exceptions are only made for those students who do not intend on earning a degree at SUNY Cobleskill.
- Students must be at least 16 years old or have completed high school in order to enroll in courses at SUNY Cobleskill.

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

1. First Name _____		Middle Name _____	Last Name _____
1a. Chosen First Name (Optional) _____		1b. Personal Pronouns (Optional): <input type="checkbox"/> He, Him, His <input type="checkbox"/> She, Her, Hers <input type="checkbox"/> They, Them, Theirs	
2. Social Security Number _____		3. Date of Birth (Month/Day/Year) _____	4. Legal Sex (Required): <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Semester you wish to enroll _____ (Spring, Summer, Fall, or Winter)		_____ (Year)	Gender Designation (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
6. High School Name _____ <input type="checkbox"/> Currently enrolled in high school Expected date of graduation _____ <input type="checkbox"/> Graduated Year of graduation _____ <input type="checkbox"/> Withdrawn from high school <input type="checkbox"/> GED			
7. Permanent (home) address. Include PO Box/Apartment number as appropriate. <div style="text-align: center;">→ → →</div>		Street _____ City/State/ZIP _____	
8. Home Phone () _____		9. Daytime phone (if different) () _____	
10. E-mail address: _____		11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you a New York State resident? <input type="checkbox"/> Yes <input type="checkbox"/> 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 question is voluntary, but federal civil rights legislation and implementing regulations require the University to submit counts of its student body by racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the accurate reporting of this information.		<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (not listed above)	
15. Have you been dismissed and/or suspended from a college for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>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.</i>			
Signature (May not be signed electronically) _____		Date _____	

Mail this completed application and course selection form (located on reverse) AND a copy of your driver's license to: SUNY Cobleskill, Registrar's Office, Cobleskill, NY 12043

COURSE SELECTION FORM

Print all your selections in this section. Please include all course information. Be sure to include lab and testing sections.				This area is for use in your planning only.					
CRN	COURSE #	TITLE	CR	Hour	Monday	Tuesday	Wednesday	Thursday	Friday
				8					
				9					
				10					
				11					
				12					
				1					
				2					
				3					
				4					
				5					
				6					
				7					
				8					
				PRINT STUDENT NAME (LAST, FIRST):				STUDENT ID #:	
								TOTAL CREDITS:	
ALTERNATE COURSE SELECTIONS				Comments:					