

SUNY Cobleskill

College in High School Program Application for Admission

(Please print clearly and provide ALL information. Incomplete applications WILL NOT be processed.)

Student's first name:		Last:		Middle:	
Birth date (month/day/year):			Age:		Sex: M or F
Social Security no.:			Home phone no: ()		Cell phone no.: ()
Street Address/P.O. Box:		City:		State:	ZIP Code:

High School Name: _____ Grade 10th 11th 12th

Have you taken College in the High School classes before? Yes No

If yes, what is your student ID number? 800 _____

Are you a US citizen? Yes No

Are you a New York State resident? Yes No

County of residence: (Check one): Schoharie Albany Otsego Schenectady Other _____

Your response to the racial/ethnic question is voluntary, but federal civil rights legislation requires the College to submit student counts by racial/ethnic categories. Your cooperation, while voluntary, is essential to reporting this information.

- White, non-Hispanic Dominican Asian or Pacific Islander
 Other Spanish/Hispanic/Latino Black, non-Hispanic American Indian/Native American
 Non-Resident Alien Mexican/Mexican American/Chica Other (not listed above) _____

Course prefix & number:	Course title:	Credits:	CRN # (office use only)
<i>Example: ENGL 101</i>	<i>Composition</i>	3	
1.			
2.			
3.			
4.			

I understand that this application cannot be processed if it has not been completed according to the instructions and that all the information submitted is true to the best of my knowledge. Any deliberate falsification or omission of data may result in denial of admission or dismissal.

Student Signature

Date

Guardian/Parent Signature (optional)

Date