

**Herkimer College Seamless Partnership Interest Form**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Starting (Circle one): Fall or Spring Year - \_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First (Maiden) Last**

**Present College:**  **Herkimer ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Com. College Graduation: \_\_\_\_\_\_\_\_\_\_\_\_** **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ddddDDDDDD

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of total credits earned:\_\_\_\_\_\_\_\_\_\_\_\_\_

**List previous colleges attended:**

1.

2.

3.

**Are you interested in full-time or part-time?**  
Circle one: Full-time (12 credits or more/semester) Part-time (less than 11 credits/semester) Unsure

**Do you plan to work while you are completing your degree? Y/N**

If yes, are you working: Full-time or Part-time? How many hours per week? \_\_\_\_\_\_

**When would you prefer to take classes?**  
Circle all that apply: Weekday Mornings Afternoons Weeknights Saturdays Online

**How did you hear about our program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What career are you hoping to achieve?**

**Comments/Questions:**

I give permission for the community college to release my transcript to SUNY Cobleskill.   
 Please check box, sign and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

