

**State University of New York at Fredonia**

Lifelong Learning and Special Programs  
S-125 Williams Center  
Fredonia, New York 14063

**Application for Admission to Undergraduate  
Continuing Education Credit Study**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET # STREET CITY STATE ZIP CODE COUNTY

SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

If you have academic records under another name, please indicate: \_\_\_\_\_  
FORMER LAST FORMER FIRST

Are you a New York Resident? Yes  No  If a NY resident, for how long? \_\_\_\_\_

Are you a United States Citizen? Yes  No  If no, your country of citizenship is? \_\_\_\_\_

Response to this section on race and ethnicity is voluntary. Please check the appropriate box:  
White/non-Hispanic  Black/non-Hispanic  Hispanic /Latino   
Asian or Pacific Islander  American Indian/ Native Alaskan  Not Listed Here

BIRTHDATE: \_\_\_\_\_ GENDER: Male  Female  VETERAN: Yes  No   
MONTH/DAY/YEAR

HIGH SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
NAME CITY STATE

GED: \_\_\_\_\_  
STATE EXAM ADMINISTERED SCORE YEAR

Have you been convicted of a felony? Yes  No

Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes  No

Have you previously applied to SUNY Fredonia? Yes  No

Have you previously been admitted to SUNY Fredonia? Yes  No

Dates of Attendance: \_\_\_\_\_ Number of Credits Earned: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

List all other colleges and/or universities attended:

Name of College (Please provide an official transcript for each)	Dates of Attendance	Number of Credits Earned	Degree(s) Earned	Grade Point Average

When do you wish to begin studies at SUNY Fredonia? Fall  J-Term  Spring  Summer  Year \_\_\_\_\_

Do you eventually plan to apply for degree status? Yes  No  Undecided

Please state reason(s) why you are applying for Continuing Education Undergraduate Credit Study and list course(s) of interest:  
\_\_\_\_\_  
\_\_\_\_\_

Admission to a campus of The State University of New York is based on the qualifications of the applicant without regard to age, sex, marital or military status, race, color, creed, religion, national origin, disability, or sexual orientation.

The authority to collect personal information is based on Section 355 (2) (h) of the New York Education Law.

*I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----FOR OFFICIAL USE ONLY-----

Admit  Denied  By: \_\_\_\_\_ Date: \_\_\_\_\_ Entry Semester: \_\_\_\_\_

Entry Type:  Continuing Education/F003  Visiting 1 Semester/F005  Visiting 2 Semesters/F006  Visiting Empire State College/F007

Visiting SLN/F011  Post Baccalaureate Study/F950  30-hour Certificate  Other/ \_\_\_\_\_