The State University of New York at Fredonia
Extended Learning • 2146 Fenton Hall • Fredonia, New York 14063
Phone 716-673-3177 • Fax 716-673-3652
Fredonia.edu/extendedlearning • extended.learning@fredonia.edu

Application for Admission to Undergraduate Continuing Education Credit Study

NAME:							
4000000	LAST FIRST			MIDDLE			
ADDRESS:	STREET #	STREET	CITY	STATE	ZIP CC	DDE	COUNTY
FREDONIA	ID (if applicable):	TELE	PHONE: ()_		E-MAIL ADDRESS	i:	
If you have a	cademic records unde	er another name, plea	se indicate:	FORMER LAST		FORME	ER FIRST
Are you a Ne	ew York Resident? Yo	es □ No □ If a NY	resident, for how	ong?			
Are you a Ur	nited States Citizen?	∕es □ No □ If no,	your country of citi	zenship is? _			
,	to this section on race White/non-Hispanic □ Asian or Pacific Island	Black/non-His	panic 🗆 🛮 Hisp	anic /Latino 🗆			
DATE OF BI	RTH: MONTH/DAY/YEAR		GENDER: Male	□ Female [□ VE	ETERAN: Yes □	No □
HIGH SCHO	OL:				GRAI	DUATION DATE: _	
	NAME	CITY	STAT	Ē			
GED:	STATE EXAM ADMIN	STERED	SCORE YEA	AR			
	en dismissed and/or s		ege for disciplinary	reasons? Ye	es 🗆 No 🗆		
Have you pre	eviously applied to The	State University of N	New York at Fredon	ia? Yes □ 1	No □		
Have you pre	eviously been admitted	d to The State Univers	sity of New York at	Fredonia? Ye	es 🗆 No 🗆		
Dates of Atte	endance:	Number of C	Credits Earned:	De	egree(s) Earned:	GPA	X:
List all other	colleges and/or univer						
(Ple	Name of Co ase provide an official		Dates of A	Attendance	Number of Credits Earned	Degree(s) Earned	Grade Point Average
,	•	,					, and the second
When do you	u wish to begin studies	at Fredonia? Fall [□ J-Term □	Spring □	Summer □ Y	'ear	
Do you even	tually plan to apply for	degree status? Yes	□ No □ Undec	ided □			
Please state	reason(s) why you are	e applying for Continu	ing Education Und	ergraduate Cr	edit Study and list co	ourse(s) of interest	
national origi military statu	o The State University in, religion, creed, age s, domestic violence v k Education Law.	, disability, sex, gende	er identity, sexual c	rientation, far	nilial status, pregnan	cy, predisposing g	enetic characteristics,
history. After participation	in clinical or field expe ch felony convictions	ege shall inquire if the riences, internships o	student previously or study abroad pro	has been cor grams. The in	nvicted of a felony if solutions if solutions are designed to the solution required to	such individual see be disclosed und	ks campus housing or
requirements	o have previously been s of certain academic padvised to contact the	programs and/or to m	eet licensure requir	rements for ce			
I CERTIFY 1	THAT TO THE BEST (OF MY KNOWLEDGE	E, THE ABOVE INF	ORMATION I	S ACCURATE AND	COMPLETE.	
Signed:					Date:		
02.18							

FOR OFFICIAL USE ONLY										
Admit □	Denied □	Ву:	Date:	Entry Semester	:					
Entry Type:	□Continuir	ng Education/F003	□Visiting 1 Semester/F005	□Visiting 2 Semesters/F006	□Visiting Empire State College/F007					
□Visiting SI	_N/F011	□Post Baccalaureate	Study/F950 30-hour Cer	tificate Other/						