2014 ONLINE APPLICATION SCHOOL COUNSELOR FORM

FRESHMAN APPLICANTS ONLY

THE STATE UNIVERSITY OF **NEW YORK**
Application Services Center (ASC)
P.O. Box 22007
Albany, New York 12201-2007

Please complete the Student Section of this form and submit it to your school counselor. If you have selected the "mail in" option for payment of your application fees and not yet mailed your payment, attach a check or money order for the total amount due, payable to SUNY ASC (or mail directly to The State University of New York, Application Services Center, PO Box 22007, Albany, NY 12201-2007). Your application will not be processed until full payment of application fees or an authorized application fee waiver request is received.

Student Section

Applicant ID Number: _____ U.S. Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name: _____ (Last) / _____ (First) / _____ (Middle)

Address: _____ (Street/P.O. Box) _____ (Apt #)

_____ (City) _____ (State/Province) _____ (Zip/Postal Code) _____ (Country)

Phone Number: ( ) _____ Date of Birth: _____

My Applications:	Campus:	Curriculum:	Early Action/Early Decision:
	_____	_____	[ ] Yes [ ] No
	_____	_____	[ ] Yes [ ] No
	_____	_____	[ ] Yes [ ] No
	_____	_____	[ ] Yes [ ] No

[ ] I have applied for Educational Opportunity Program (EOP) consideration.

I understand that my application cannot be processed if it has not been completed according to the instructions and that any knowing falsification or omission of data may result in denial of admission or dismissal. All information submitted is therefore true to the best of my knowledge. **If I am an Early Decision/Early Action applicant, I agree to comply with the program requirements outlined in the Viewbook and Online Application Instructions.** With my signature, I authorize the release of my transcript(s) and standardized test scores to State University campuses for admission purposes.

Student Signature: _____ **Required** Date: _____

Parent/Guardian Signature: _____ **Required** for Early Decision Applicants only Date: _____

Counselor Section

This form, when complete, should be submitted to the Application Services Center (see address above). If you prefer, you can submit the information on this form online by accessing your CounselorConnect account.

CLASS RANK AND GPA:
Please complete one of the following statements (a or b) about this applicant's rank in class. If your school does not calculate or disclose exact rank in class, we would appreciate your estimating this student's rank as nearly as possible.

a This applicant currently ranks ☐☐☐☐ in a class size of ☐☐☐☐ This rank is: ☒ Weighted ☒ Unweighted (mark only one)

b We do not calculate or disclose exact rank. I estimate this applicant's position to be within the top ☐☐ percent of his or her class.

High School Average (at time of application) ☐☐☐.☐☐ on a scale of ☐☐☐.☐☐

High School Average: ☒ Weighted ☒ Unweighted (mark only one)

High School: _____ **CEEB Code:** _____

Official's Printed Name: _____ **Official's Signature:** _____ **Date:** _____

INSTRUCTIONS FOR SUBMISSION OF TRANSCRIPTS

SUNY strongly recommends that students self-report their academic records online using the SUNY Online Academic Record at www.suny.edu/SOAR. To facilitate this process, please provide an unofficial transcript to this student. If the student submits his or her academic record online, it will not be necessary for you to send an official transcript to the campus admissions office(s) at this time. Once a student is accepted and indicates his or her intent to enroll, you will be asked to send an official final transcript to the campus.

You should continue to send mid-year transcripts as requested by campuses by your current method.

Questions? Call the Recruitment Response Center at 800.342.3811, Monday–Friday, between 8:30 a.m. and 4:30 p.m. (EST).