



UNDERGRADUATE VISITING STUDENT APPLICATION

Office of Undergraduate Admission

SUNY New Paltz, 100 Hawk Drive, New Paltz, NY 12561-2499

Application Deadline: Fall – April 1 Spring – November 1

Application Fee: \$50.00 (non-refundable, non-transferable)

Students who are on “academic suspension or dismissal” or “disciplinary suspension or dismissal” are not eligible to apply for visiting student status.

Please print legibly:

1. Name: _____
Last MI First

2. Social Security Number: ____ – ____ – ____ 3. Date of Birth: ____ / ____ / ____ 4. Gender: ☐ Female ☐ Male

5. E-Mail address: _____

6. Your college address: _____
Street/Apt. or dorm or P.O. Box and college

City State Zip

Phone: (____) _____

7. Your home address: _____
Street/Apt. or dorm or P.O. Box

City State Zip

Phone: (____) _____

8. Are you a US citizen? ☐ Yes ☐ No

9. Are you a New York state resident? ☐ Yes ☐ No

10. Optional: How would you describe yourself?

- | | | |
|---|--|--|
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino |
| | | _Dominican _Puerto Rican |
| | | _South American _Mexican |
| | | _Other Hispanic/Latino |

11. Institution currently attending: _____ *Please submit official transcripts

12. Semester/Year I wish to visit: ☐ Fall ☐ Spring 20 _____

13. Major area of study: _____

14. New Paltz courses you wish to take this semester

(this is not your registration-you will also fill out a course registration form)

List by course number and title:

_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____

15. You must respond to the following if applicable to you. Please check if you have been:

- ☐ Convicted of a felony. ☐ Dismissed or suspended from a college for disciplinary reasons,
or have charges pending against you.

16. Have you previously applied for matriculation to SUNY New Paltz? ☐ Yes **Decision:** ☐ Accepted

☐ Denied

☐ No

17. Signature of student's academic or departmental advisor at the home institution:

I have reviewed and approve of the proposed program of study for the visiting period. I agree with the student that work completed during the visiting period will be counted toward the degree at the home institution under the following conditions (if any):

Advisor's Signature: _____

Date: ____ / ____ / ____

Advisor's Name (please print): _____

Title and Department: _____

Institution: _____

18. Signature of student:

I understand that my acceptance as a non-matriculated visiting student at SUNY New Paltz is dependent on space availability. I also understand that I am personally responsible for all tuition, fees and charges. I agree to be bound by all rules and regulations of the host college. I understand that any falsification or omission of data may result in a denial of admission or in dismissal from the College.

Date: ____ / ____ / ____

Applicant's Signature