

Student Level:

- Completed 2 year degree
 Completed 4 year degree
 Certificate of advance study
 Completed Doctorate
 General Education Degree
 Completed High School
 Less than High School
 Completed Masters Degree

Check if you have been:

- Convicted of a felony
 Dismissed from a college for disciplinary reasons

Student Type:

- Matriculated Undergraduate
 Non—matriculated Undergraduate
 Matriculated Graduate
 Non—matriculated Graduate

Sex:

- Male
 Female

Ethnicity:

Are you Hispanic/Latino? yes no
 If Hispanic/Latino, is your background (select one)

- Central American
 Dominican
 Mexican
 Puerto Rican
 South American
 Other Hispanic/Latino

All applicants, please indicate your race
 (select one or more)

- American Indian or Native Alaskan
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Marital Status:

- Single
 Married
 Separated
 Widowed
 Divorced

Who to contact in case of an emergency:

Last Name First MI

Apartment, number and street

City/Town

State Zip Code

(Area Code) Home telephone number

- Parent
 Guardian
 Spouse
 Other _____

(Area Code) Business telephone number

IMMUNIZATION RECORDS

Do you have a measles, mumps, rubella form on file with the Student Health Center at New Paltz?

- yes no If no, contact the Health Center at 257-3400. For more information,
 please visit their Web site: www.newpaltz.edu/healthcenter

RESIDENCE:

- I have been a permanent resident of New York State for the last twelve months and of _____ County.
 I am a permanent resident of a state or territory of the U.S. other than New York: _____
 I am not a U.S. Citizen. My country of citizenship is _____. My Visa type is:
 Student (F-1 or 1-20) Visitor for Pleasure (B-2) Political Refugee
 Exchange Visitor (J-1) Permanent Resident Other _____