



UNDERGRADUATE VISITING STUDENT APPLICATION

Application Deadline: Fall – May 1 • Spring – November 1

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

Make check/money order payable to “SUNY New Paltz”

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

Name _____
Last MI First

E-Mail address _____ Date of Birth ____/____/____
Month Day Year

Your college address _____
Street/Apt. or dorm or P.O. Box and college
City State Zip Phone: (____) _____

Your home address _____
Street/Apt.
City State Zip Phone: (____) _____

Are you a US citizen? Yes No Are you a New York state resident? Yes No

Indicate if you are one of the following:

- US Veteran (A veteran is a person who has served in the US Armed Forces)
- Military Service Member (Active Duty, Reserve, National Guard)
- Dependent of a Military Service Member or US Veteran (Dependent is a spouse or a child)

Optional: How would you describe yourself?

- White, non-Hispanic
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian/Native Alaskan
- Asian
- Hispanic/Latino
 - ___ Dominican
 - ___ Puerto Rican
 - ___ South American
 - ___ Mexican
 - ___ Other Hispanic/Latino
 - ___ Cuban

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.

Have you previously applied for matriculation to New Paltz? Yes **Decision:** Accepted
 Denied
 No

Semester/Year I wish to visit Fall 20_____ Spring 20_____

If you are applying for a fall academic year, check both.

Summer Session does not require a Visiting Student application.

Institution currently attending _____

Major area of study _____

You must submit an official transcript with this application.

New Paltz courses you wish to take this semester

Any course prerequisites must be met in order to register for courses.

List by course number and title:

____ / _____ ____ / _____
____ / _____ ____ / _____
____ / _____ ____ / _____
____ / _____

(This is not your registration form. You will need to complete a Course Registration form).

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.

Advisor's Signature _____

Date ____ / ____ / ____
 Month Day Year

Advisor's Name (please print) _____

Title and Department _____

Institution _____

Signature of student:

I understand that my acceptance as a non-matriculated visiting student at 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.

Applicant's Signature _____

Date ____ / ____ / ____
 Month Day Year



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Undergraduate Admission
100 Hawk Drive, New Paltz, NY 12561-2499

VISITING STUDENT APPLICATION CHECKLIST

- You have completed the entire application
- You have attached an official college transcript
- You have met all New Paltz course prerequisites
- You have met with your advisor and he/she has completed the advisor section of this application
- You have met with your home campus financial aid office to ascertain financial aid eligibility
- You have enclosed your check or money order for \$50.00 - payable to "SUNY New Paltz"

Submit all items to:

Visiting Student
Office of Undergraduate Admission
SUNY New Paltz
100 Hawk Drive
New Paltz, New York 12561-2499