



GRADUATE & EXTENDED LEARNING

SUNY New Paltz ■ 800 Hawk Drive ■ New Paltz, NY 12561-2442
 Website www.newpaltz.edu/graduate
 Phone (845)257-3285 ■ fax (845)257-3284 ■ TOLL FREE (800)248-8856

NON-DEGREE STUDENT APPLICATION

Thank you for choosing to apply to SUNY New Paltz for your graduate studies. If you need assistance completing this application, please contact us at gradschool@newpaltz.edu.

Name: (Last Name, First Name, Middle Initial)		If applicable, Former/Maiden Name:	
Mailing Address: (include street, city, state and zip code)			
County: (if NYS)	Country:	Home Number: (____)____ - ____	
E-mail Address:		Mobile Number: (____)____ - ____	
Secondary E-mail Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Banner ID N _ _ _ _ _	Date of Birth: (month-day-year) _ - _ - _		
<p>Are you a New York State resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, have you been a permanent NY resident for the last 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, list the country of your citizenship: _____ and Visa Type _____</i></p>			
<p>Optional Information: <i>Your response to the following questions will be used for research purposes only. SUNY New Paltz supports Affirmative Action and Equal Opportunity and does not discriminate against individuals or groups on the basis of race, sex, age, national origin, religion, disability, veteran status, marital status, or sexual orientation, in education or employment, or in any of its policies or programs.</i></p> <p>Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No If Hispanic/Latino, is your background: (select one)</p> <p><input type="checkbox"/> Central American <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic/Latino</p> <p>All applicants, please indicate your race: (select one or more)</p> <p><input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Native Alaskan</p>			
<p>Veteran Status:</p> <p><input type="checkbox"/> U.S. Veteran (served in the U.S. Armed Forces) <input type="checkbox"/> Military Service Member (Active Duty, Reserve or National Guard)</p> <p><input type="checkbox"/> Dependent of a Military Service Member or U.S. Veteran (spouse or child)</p>			
Employer Name _____		Does your employer provide tuition reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percentage or Reimbursement Cap _____			



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Which non-degree student type best describes you?

- Fulfilling pre-requisites or program requirements for admission to a graduate program Personal fulfillment
- Fulfilling teaching certification requirements Other _____

Semester/Year of Intended Registration:

Fall 20____ Spring 20____ Summer 20____
Winter 20____

Indicate below the courses you wish to take: (see Major Code chart)

CRN	Course No.	Section No.	Course Title

Do you plan to apply for admission to SUNY New Paltz as a degree student?

- Yes No

If yes, for which semester are you applying? _____ **Which program?** _____

List below ALL colleges/universities attended: (Include **one** set of Official/Unofficial Transcripts for each Institution)

Institution	CEEB Code <i>(for office use)</i>	Degree Received	Final GPA	Month	Year

I certify that the information given in this application for admission is complete and correct. I understand that any falsification or omission of data may result in the denial of admission or disciplinary action.

Signature:

Date: