BINGHAMTON UNIVERSITY STATE UNIVERSITY OF NEW YORK

Office of Undergraduate Admissions PO Box 6001 Binghamton, New York 13902-6001 Phone: 607-777-2171 Fax: 607-777-4445 binghamton.edu/admissions

COLLEGE LINK — APPLICATION FOR ADMISSION

O Male	Female	Entry Year	Entry Te	rm: 🔿 Fall () Spring	O Summer
Name				Social Security N	lumber* _	
Street A	Last Address / PO Box /	First Apt. Number	M.I.			
City/Vill	age		County	St	ate	ZIP
Phone _		Date of Birth		E-mail add	dress	
ETHNIC	ITY (optional):					
Hispanio	or Latino 🔾 Yes	O No				
If yes, or	rigin: O Dominica	n 🔾 Mexican 🔾 Puerto Ri	ican 🔾 Central Am	nerican 🔾 South	n America	n 🔾 Other Hispanic/Latino
RACE (optional):					
O Whit	e 🔾 Black or Afri	can American 🔾 Asian	O Native Hawaiian	/Pacific Islander	O Ame	rican Indian/Native Alaskan
Are you	a legal resident of	New York state? O Yes	O No			
Are you	a U.S. citizen?	Yes O No If no, citizen	of (country)			
If not a	U.S. citizen, please	specify the type of visa you	ı hold			
High sch	nool in which you a	re currently enrolled		F	Expected o	graduation
		e carrently emoned				mm/yyyy
		es and interests are				
Have yo	u ever been dismis	sed from a high school or c	ollege for disciplina	ry reasons?† (Yes ()	No
-	•	pplied to Binghamton Univer Yes O No If yes, when?	•			
matrica		Tes One in yes, when	·	or what program		
PLEASE	ATTACH AN OFFI	CIAL HIGH SCHOOL TRANS	SCRIPT TO THIS AP	PLICATION. [‡]		
and as o	outlined in Rules of Condu ermit the University to car	of all students admitted to Bingham uct and Procedures for Review of Stu ncel courses if registration is insuffici e stated rules and regulations.	udent Conduct, published	yearly and available fr	rom the vice p	oresident for Student Affairs. Such
I hereby	submit my application to	Binghamton University certifying t	nat all the above informat	on given by me is cor	rect.	
Signa	ture		Nato			
2/9/10					mm/dd/	уууу

^{*} Disclosure of Social Security Number is voluntary. It is used to maintain student records and is extremely helpful in the University's service to applicants and students. Authority to solicit Social Security Number has been established under section 355 of the Education Law of the State of New York.

[†] Answering yes to either item will not automatically prevent College Link enrollment. An applicant who responds "yes" to either of these questions is required to provide further information for consideration. Any deliberate falsification or omission of data may result in a denial of non-matriculated College Link enrollment.

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COLLEGE LINK — COURSE REQUEST FORM

(Please print or	type)										
Semester of Application Year PRIMARY COURSE REQUESTS					Social Security Number*						
					ring 🔿 Sumi	ring 🔾 Summer 🔾 Fall					
					SECONDARY COURSE REQUESTS						
Subject	Number 	Section	Lec. Dis	. Act.	Subject	Number	Section	Lec.	Dis.	Act.	
Please list p	orimary and seco	endary courses	. This is to k	oe done i	n case primary	/ course is filled.					
Studentsignature					h	Home Phone Nui	mber				
For auestio	ns reaardina cou	urse request in	formation.	contact S	hannon Jennis	son at jennison@	binghamton.e	du			
The above i		s requesting a				am. Please prov					
RECOMMEN	NDATION: OS	Summer Sessio	n 🔾 Wint	er Sessic	on O One Se	emester 🔾 Unt	il High School	Gradua	ition		
Minimum nu	umber of credits	per term			Maximum r	number of credit	s per term			_	
Student's C	umulative High S	School Average	e/								
Guidance C	ounselor Signati	ure					Date				
Guidance C	ounselor Name ((please print)									
Phone Num	ber			E	-mail address						

*Disclosure of Social Security number is voluntary and is used for admissions record-keeping purposes only. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.