

FIRST NAME		MIDDLE INITIAL	LAST NAME	
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE #	E-MAIL ADDRESS	DATE OF BIRTH		SOCIAL SECURITY NUMBER
HIGH SCHOOL	HIGH SCHOOL PHONE #	CURRENT GRADE LEVEL	CURRENT GPA	GRADUATION DATE

COLLEGE ACADEMY SELECTION

Please select the appropriate College Academy

- HIGH SCHOOL ACADEMY** ☐ *Students enrolled in SUNY Adirondack courses offered exclusively for high school students, either in their high school or online*
- CAMPUS ACADEMY** ☐ *FULL-TIME* *Students enrolled in general SUNY Adirondack courses in Queensbury, Wilton or online*
☐ *PART-TIME*
- EARLY COLLEGE CAREER ACADEMY** *A collaborative program between SUNY Adirondack and WSWHE BOCES*
☐ *ELECTRICAL TECHNOLOGY/ADVANCED MANUFACTURING*
☐ *INFORMATION TECHNOLOGY: COMPUTER NETWORKING*
☐ *NEW MEDIA*
- SUMMER ACADEMY** ☐ *High school students taking SUNY Adirondack courses during the summer at a pre-determined location or online*

COLLEGE ACADEMY TERM

Please note: The College Academy application must be completed each semester

Please select appropriate term and indicate the semester year

- ☐ SUMMER YEAR _____
- ☐ FALL YEAR _____
- ☐ SPRING YEAR _____

HAVE YOU EVER TAKEN CLASSES AT SUNY ADIRONDACK?

☐ YES ☐ NO

ADDITIONAL INFORMATION

ARE YOU A NYS RESIDENT? ☐ YES ☐ NO IF NO, STATE OF RESIDENCE: _____

GENDER ☐ MALE ☐ FEMALE ☐ NO RESPONSE

ARE YOU A US CITIZEN? ☐ YES ☐ NO

ARE YOU HISPANIC/LATINO ☐ YES ☐ NO

IF HISPANIC/LATINO, PLEASE INDICATE YOUR BACKGROUND:

☐ DOMINICAN ☐ PUERTO RICAN ☐ SOUTH AMERICAN ☐ MEXICAN ☐ CENTRAL AMERICAN ☐ OTHER HISPANIC/LATINO

PLEASE INDICATE YOUR RACE:

☐ WHITE ☐ ASIAN ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐ BLACK OR AFRICAN AMERICAN

☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ NON-RESIDENT ALIEN (COUNTRY): _____

CONSULT WITH HIGH SCHOOL COUNSELOR AND LIST COURSES YOU WISH TO REGISTER FOR BELOW

All information must be completed for the course requests to be valid

COURSE TITLE	COURSE ID	CRN#	CREDITS	DAYS & TIME

STUDENT SIGNATURE

I UNDERSTAND THE REQUIREMENTS FOR ATTENDING SUNY ADIRONDACK'S COLLEGE ACADEMY. I HAVE CONSULTED WITH MY HIGH SCHOOL COUNSELOR AND HAVE RECEIVED APPROVAL TO APPLY.

STUDENT SIGNATURE _____

DATE _____

COUNSELOR SIGNATURE

MY SIGNATURE BELOW VERIFIES THAT THIS STUDENT MEETS THE REQUIREMENTS TO PARTICIPATE IN SUNY ADIRONDACK'S COLLEGE ACADEMY.

COUNSELOR SIGNATURE _____

DATE _____

MY INITIALS INDICATE THIS STUDENT QUALIFIES FOR THE FREE OR REDUCED LUNCH PROGRAM ☐ YES ☐ NO

COUNSELOR INITIALS _____

SUNY ADIRONDACK APPROVAL

COLLEGE OFFICIAL _____ ☐ APPROVE ☐ DENY DATE _____