

# State University of New York Dual Admission/Intent to Enroll

## Instructions

This is for associate degree candidates who are enrolled in a SUNY Dual Admission Program. Completing the form will satisfy your commitment to inform the four-year SUNY college listed in the college box of your intent to register.

Complete *both sides* of the Intent to Enroll form and mail it to the Director of Admissions at Buffalo State College no later than October 1 for Spring admission or February 1 for Summer and Fall admission.

Please refer to [www.suny.edu/student](http://www.suny.edu/student) for lists of campus codes, curriculum names, curriculum code numbers and campus addresses.

We wish you well in your plans to continue your education at SUNY!

*Note: Two items in the college box have already been completed for you and identify you as a Dual Admission transfer to Buffalo State.*

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**Please print. If you have questions call (716) 878-5713.**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Name
2. \_\_\_\_\_  
E-mail Address
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY)
5. Permanent Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State/Province Zip Code
6. Sex:  Male  Female 7. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ 8. Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
9. Are you a U.S. Citizen?  yes  no 10a. Are you a New York resident?  yes  no  
10b. If yes, how many years and months? \_\_\_\_\_ / \_\_\_\_\_ (YY/MM)
11. Please give county of permanent residence (New York State residents only): \_\_\_\_\_
12. Your response to this question is optional:
- White, non-Hispanic (W)  Black, non-Hispanic (B)  Hispanic/Latino (H)  
 Asian or Pacific Islander (A)  American Indian/Native Alaskan (I)  Not Listed Here (O)

Four-Year College: Buffalo State College	College Code: 33
Curriculum: _____	Semester Beginning: ____/____ (MM/YY)
Campus Housing? <input type="checkbox"/> yes <input type="checkbox"/> no	
Transfer from a State University of New York two-year campus <input checked="" type="checkbox"/>	

13a. Have you been convicted of a felony?  yes  no

13b. Have you been dismissed and/or suspended from a college for disciplinary reasons?  yes  no

14. Are you:  married  single  divorced  other

15. Are you an Educational Opportunity Program student?  yes  no

16. What associate degree will you earn from your SUNY two-year campus?  AA (1)  AS (2)  AAS (3)  AOS (4)

17. Indicate the date the associate degree was (or will be) earned: \_\_\_\_ / \_\_\_\_ (MM/YY)

18. List the two-year college you attend.

College Code	19. College Name	20. Dates Attended	21. Total Credits	22. GPA	23. CEEB Code
____	_____	____/____ to ____/____	_____	_____	_____

***I understand that this form may also grant approval for my two-year college to release my official transcripts to the four-year college listed above.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Community College Transfer Counselor (or equivalent): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

