



UNIVERSITY AT ALBANY

State University of New York

WAIT LIST RESPONSE FORM

I remain interested in entering the University at Albany for the Fall 2008 semester and I would like to be placed on the University's Wait List.

Name: _____

Date of Birth: _____

Phone Number [with area code]: (_____) _____

Email Address: _____

High School: _____

Please return this form to:

Robert K. Andrea
Director, Undergraduate Admissions
University at Albany
1400 Washington Avenue
Albany, NY 12222
Fax: (518) 442-5383