APPLICATION FOR ADMISSION
FOR NONDEGREE GRADUATE STUDY

UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

Please complete and submit according to the instructions printed on the back of this form.

PERSONAL INFORMATION (please type or print clearly)

☐ Mr. ☐ Ms. Name: __________________________/__________________________________/________/_______________________

Last (Family) First (Given) MI Other (if applicable)

U.S. Social Security Number:_________/_________/_________ Birth Date: Month:______ Day: ________ Year:______

Permanent Mailing Address:

Street:_________________________________________________________________________________________________________

City: ___________________________________________________________ State:_______________________ Zip: ______________

Telephone Number:___________________ Fax Number:___________________ Electronic Mailing Address:___________________

I voluntarily seek to identify myself as disabled and request information regarding available University services to support disabled individuals: ☐ Yes ☐ No

FOR U.S. CITIZENS/PERMANENT RESIDENTS:

A. Are you a New York State resident?

☐ Yes For how long? Years______ Months______ Please indicate NY county of residence:__________________________

☐ No Please indicate state of residence:__________________________

B. Student Ethnic Data: (Optional. The following information is requested for statistical reporting purposes only, and will not be used as a selection criterion for admission.)

☐ Afro-American (Not of Hispanic Origin) ☐ Alaskan Native of American Indian ☐ Asian or Pacific Islander

☐ Caucasian ☐ Hispanic ☐ Other________________________________________________________________

FOR INTERNATIONAL APPLICANTS: (Please note that international students may not typically enroll as non degree students.)

Country of Citizenship:__________________________________ Current Visa Status: __________________________________

TOEFL Date (Month/Year): ______/_______ Score: _________ Registration Number (if known):_______________________

PROGRAM INFORMATION

Have you ever studied at the University at Albany as a graduate student? ☐ Yes ☐ No

Semester and Year you wish to enter: ☐ Fall ☐ Spring ☐ Summer Year: ______

Please list your specific intended course(s), if known, and your proposed area/field of study (Please refer to the reverse side of this form for areas of study):

______________________________________________________________________________________________________________

ACADEMIC INFORMATION

Identify the institution which will have granted your highest degree prior to admission:

☐ University at Albany ☐ Other (Please specify): __________________________

Name of Degree: ___________________ Month:______ Year:______ GPA:______

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you been dismissed from a college for disciplinary reasons? ☐ Yes ☐ No

I certify that the information provided in this application is true and complete to the best of my knowledge. I am aware that if the information provided in the application proves to be inaccurate, I may not be admitted to graduate study and/or my registration will be terminated.

Applicant's Signature:___________________________________________________ Date: _______________________

The University at Albany does not discriminate on the basis of age, color, creed, disability, marital status, Vietnam era or special disabled veteran status, national origin, race, sex or sexual orientation.