



**2017 ONLINE APPLICATION  
SCHOOL COUNSELOR FORM  
FRESHMAN APPLICANTS ONLY**

**THE STATE UNIVERSITY OF NEW YORK**  
Application Services Center (ASC)  
P.O. Box 22007  
Albany, New York 12201-2007

Please complete the Student Section of this form and submit it to your school counselor.

**Student Section**

Applicant ID Number: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
Street/P.O. Box

Phone Number \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
(including area code):

Date of Birth: \_\_\_\_\_

My Applications:	Campus:	Curriculum:	Early Action/Early Decision:
_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	[ ] Yes [ ] No

[ ] I have applied for Educational Opportunity Program (EOP) consideration.

I understand that my application cannot be processed if it has not been completed according to the instructions and that any knowing falsification or omission of data may result in denial of admission or dismissal. All information submitted is therefore true to the best of my knowledge. **If I am an Early Decision/Early Action applicant, I agree to comply with the program requirements outlined in the Viewbook and Online Application Instructions.** With my signature, I authorize the release of my transcript(s) and standardized test scores to State University campuses for admission purposes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Required**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Required for Early Decision Applicants only**

**Counselor Section**

This form, when complete, should be submitted to the Application Services Center (see address above). If you prefer, you can submit the information on this form online by accessing your CounselorConnect account.

**CLASS RANK AND GPA:**

Please complete one of the following statements (a or b) about this applicant's rank in class. If your school does not calculate or disclose exact rank in class, we would appreciate your estimating this student's rank as nearly as possible.

a This applicant currently ranks     in a class size of     This rank is:  Weighted  Unweighted (mark only one)

b We do not calculate or disclose exact rank. I estimate this applicant's position to be within the top   percent of his or her class.

High School Average (at time of application)     •   on a scale of     •

High School Average:  Weighted  Unweighted (mark only one)

High School: \_\_\_\_\_ CEEB Code: \_\_\_\_\_

Official's Printed Name: \_\_\_\_\_ Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR SUBMISSION OF TRANSCRIPTS**

Academic records must be submitted to each SUNY campus listed above.

- Counselors may upload high school transcripts for students who have applied through applySUNY to the Application Services Center at [www.suny.edu/counselor](http://www.suny.edu/counselor).
- Counselors may send high school transcripts by postal mail to the admissions office at each campus.