

2012 Supplement to the SUNY Application

All applicants for admission who submit the SUNY Application must also submit this supplement, including the essay. No further action will be taken on your application until we receive this form.



0. I am applying as a: Freshman _____ Transfer _____

1. Name: Last: _____ First: _____ Middle: _____

2. Any previous name for which you have education records: _____

3. Permanent Address

Street Address: _____

City, State, Zip: _____, _____, _____

4. Permanent Phone Number: _____ - _____ - _____ (include area code)

5. Cell Phone Number: _____ - _____ - _____ (include area code)

6. Email address: _____

7. Date of Birth: ____ / ____ / _____ (mm/dd/yyyy)

8. Social Security Number (optional): *Required for US Citizens and Permanent Residents applying for financial aid via the FAFSA.* _____ Numbers ONLY, no spaces or dashes.

9. Semester you plan to enroll at SUNY-ESF: Fall: ____ or Spring: ____ of Year: _____ (yyyy)

10. Have you previously applied to SUNY-ESF?

Yes: ____ No: ____

11. Do you wish to be considered for the Early Decision admission plan (freshmen only)? NOTE: You must complete the [Early Decision Agreement form](#) and submit it, along with all required application materials, by December 1 to be considered under this plan.

Yes: ____ No: ____

12. SUNY-ESF Major NOTE: Please review the [academic program information](#) before you answer this question to make sure you are selecting majors of interest to you. The appropriateness of your choice will be confirmed by your response to the SUNY-ESF essay question at the end of this form. If you are not admitted to your first choice major, you may be considered for your second choice major based on your overall academic performance and fit with your interests as expressed in your essay response. Please consider your choice of major carefully before completing this question and responding to the essay. The fit between your goals and choice of major is a significant part of our review of your application

First Choice: _____ Second Choice: _____

13. Father's Information

Name: First: _____ Middle Initial: _____ Last: _____

If deceased, state year: _____ Occupation: _____ Extent of Education: _____

Email Address: _____

14. Mother's Information

Name: First: _____ Middle Initial: _____ Last: _____

If deceased, state year: _____ Occupation: _____ Extent of Education: _____

Email Address: _____

15. If you do not reside with both parents, please indicate who you reside with.

Name: _____ Relationship: _____

16. List the names and relationships of family members who attended SUNY-ESF.

Name: _____ Relationship: _____ (e.g., father, grandmother, etc.)

Name: _____ Relationship: _____ (e.g., father, grandmother, etc.)

17. High School Information

High School (include name, city & state): _____

School Counselor: _____

Please check here if you were home schooled:

Please let us know if you will be completing any College or University level courses for credit while in high school (check all that apply):

ESF in the High School | AP | IB | CLEP | College or University course(s) at: _____

18. Honors

Briefly list any academic distinctions or honors you have received since the 9th grade or equivalent (e.g. National Merit, Honor Society):

Grade level or post-graduate (PG)	Honor:	Highest level of recognition:
9 10 11 12 PG		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	School ____, State/Regional ____, National ____, International ____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	School ____, State/Regional ____, National ____, International ____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	School ____, State/Regional ____, National ____, International ____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	School ____, State/Regional ____, National ____, International ____

19. Extracurricular Activities

Please list your principal extracurricular, community or volunteer activities in their order of importance to you. Use the space available to provide details of your activities and accomplishments (especially in environmentally related activities) :

Grade level or post-graduate (PG)	Approximate Time Spent		When did you participate in these activities?		Positions held, honors won, or letters earned:	If applicable, do you plan to participate in college?
	Hours per week	Weeks per year	School year	Summer		
9 10 11 12 PG						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Activity: _____						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Activity: _____						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Activity: _____						

20. Athletic Activities

List any athletic activities you participated in during high school or college:

Grade level or post-graduate (PG)	Approximate Time Spent		When did you participate in these activities?		Positions held, honors won, or letters earned	If applicable, do you plan to participate in college?
	Hours per week	Weeks per year	School year	Summer		
9 10 11 12 PG						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Activity: _____						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Activity: _____						

Optional Information

The following questions are optional. Refusal to provide this information will not subject the applicant to any adverse treatment in the admission process. *Any information provided will remain confidential.*

29. If you wish to be identified with a particular ethnic group, please indicate how you would describe yourself.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Are you Hispanic/Latino? Yes: ___ No: ___

If yes, what is your background: Central American: ___ Dominican: ___ Mexican: ___ Puerto Rican: ___ South American: ___ Other: ___

Certification - Required for all applicants

By signing this form, I hereby certify that the information given by me on this application is complete and accurate. I understand that any misrepresentation may be cause for denial of admission or permission to register at any time.

Signature: _____ Date: _____ (mm/dd/yyyy)