

# No-Fee Application For Admission



(please print) Student ID#: \_\_\_\_\_ For Office Use Only

1 Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_  
Preferred Name: \_\_\_\_\_

2 If you have academic records under another name, please indicate: \_\_\_\_\_  
Former Last Name First Name

3 Social Security Number: \_\_\_\_\_ 4 Date of Birth: \_\_\_\_\_

5 Legal Sex:  M  F Gender:  M  F  Nonbinary  Other: \_\_\_\_\_  
Pronouns:  He/Him  She/Her  They/Them  Other: \_\_\_\_\_

6 If you are under 21 years of age: Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Parent's/Guardian's Email: \_\_\_\_\_ @ \_\_\_\_\_

7 Billing/Mailing Address: \_\_\_\_\_  
Street

8 Permanent Address: \_\_\_\_\_  
City State Zip  
\_\_\_\_\_ Street

9 Home Phone: \_\_\_\_\_ City State Zip Mobile Phone: \_\_\_\_\_

10 Would you like to receive important text messages:  Yes  No

11 Email Address: \_\_\_\_\_ @ \_\_\_\_\_

12 Is English your native language?  Yes  No

13 Are you a U.S. Citizen:  Yes  No A. If no, country of citizenship: \_\_\_\_\_  
B. If no, indicate your visa status:  F-1  B-2  J-1  A-2  Other \_\_\_\_\_  
C. Visa expiration date: \_\_\_\_\_ D. How many years have you been in the U.S.? \_\_\_\_\_  
E. If you are a Permanent Resident, please provide your alien registration number: \_\_\_\_\_  
F. If you have a visa, please provide us with your permanent address in your country of citizenship:  
\_\_\_\_\_

14 Are you a New York State resident?  Yes  No  
B. If yes, what county in NYS do you currently reside? \_\_\_\_\_  
C. Have you lived in this county for more than six months?  Yes  No

15 Are you Hispanic/Latino? (Optional)  Yes  No If Hispanic/Latino, what is your background?  
 Central American  Puerto Rican  Mexican  Dominican  South American  Cuban  
 Other \_\_\_\_\_

16 Please indicate your race: (Optional; select all that apply)  
 White  Black or African American  Asian  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

17 Military Status:  Active Duty  Dependent of U.S. Veteran  Served in the U.S. Military  
 Currently serving in the Reserves or National Guard

18 What is your Secondary Education Status?  Graduated from High School  Will Graduate from High School  
 Withdrew  Home-schooled  Completed high school equivalency (GED/TASC)

19 Name of high school from which you graduated or last attended: \_\_\_\_\_  
City of high school: \_\_\_\_\_ State of high school: \_\_\_\_\_  
Date of high school graduation or completion of GED: \_\_\_\_\_

20 Please indicate your status:  
 Freshman (first time taking college level work after high school graduation)  Readmit (have previously attended C-GCC)  
 Transfer (earned college level credit after high school graduation)

21 In which semester and year do you wish to enroll?  Fall  Summer  Spring Year: 20 0 \_\_\_\_\_

22 Please list any and all colleges, universities or technical schools you have previously attended even if you did not receive a degree:

College Name	City/State	Dates Attended
_____	_____	_____
_____	_____	_____

23 Have you ever been expelled and/or dismissed from another college or university for disciplinary reasons?  Yes  No  
(Even if you have never attended college, a response is required.)

24 For which program of study are you applying?  
Program: \_\_\_\_\_  
Are you undecided about the program of study you have selected?  Yes  No

Columbia-Greene Community College is an Affirmative Action/Equal Opportunity Employer and does not discriminate in education, employment, or any of its businesses on the basis of sex, sexual orientation, race, national origin, creed, color, age, marital status, veteran status, religion, disability, or handicapping conditions. This policy is in compliance with Title IX of the Education Amendments of 1972.

I understand that this application cannot be processed if it has not been completed, and any deliberate 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. With my signature, I authorize the release of my transcript(s) and standardized test scores to Columbia-Greene Community College for admission purposes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

