Mail/fax application with registration to:
Office of Graduate Studies
Erwin Hall 106
SUNY Geneseo
1 College Circle
Geneseo, NY 14454
Fax: 245-5032

State University of New York College at Geneseo

Graduate

APPLICATION FOR NON-MATRICULATED STATUS

(Please be sure to answer all questions. Incomplete applications will not be processed.)

STUDENT INFORMATION

Name _____
Last First Middle

Male _____ Female ____ Date of Birth: _____ SS# _____/ /_____

United States citizen? ☐ Yes ☐ No VISA Type _____ Country of Origin _____

Are you a resident of New York State (residence refers to your principal or permanent home to which you return)?
Yes _____ No _____ If yes, for how long? Years _____ Month _____

Permanent Address: Number & Street

_____

City _____ State _____ Zip _____

County _____ Phone _____ - _____ - _____

EDUCATIONAL BACKGROUND: List all institutions of higher education attended:

College	Dates of attendance	Sem. hrs.	Major	Degree

List Teaching Certification and field (if applicable): _____

Note: Please attach a copy of your undergraduate transcripts from any institution of higher education attended other than Geneseo.

All students must complete this section:

STATEMENT OF RESIDENCY:

Check one of the following categories and sign below. No registrations will be accepted without this affidavit.

___ I hereby affirm that I am a bona fide resident of the State of New York.
___I am not a resident of the State of New York.

Signature: _____

Date: _____

Ethnic Origin (optional)

Are you Hispanic/Latino?
- ❑ Yes
- ❑ No

If you are Hispanic/Latino, is your background (select one)
- ❑ Central American
- ❑ Dominican
- ❑ Mexican
- ❑ Puerto Rican
- ❑ South American
- ❑ Hispanic/Latino

Please indicate your race
- ❑ Central, North or South American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White

APPLICATION INFORMATION

Do you have a bachelor's degree? ☐ Yes ☐ No

Have you ever applied for admission to SUNY Geneseo as a regular student? ☐ Yes ☐ No

If yes, give the approximate date of application _____ and a brief explanation of why you did not attend as a matriculated student _____

Do you plan to apply for admission to SUNY Geneseo as a degree student? ☐ Yes ☐ No

If yes, for which semester are you applying? _____ Which program? _____

PAYMENT INFORMATION (See page viii for tuition and fee rates)

Registration by mail or fax will be processed only if payment accompanies the registration.

_____ I am including payment by check or money order (payable to SUNY Geneseo).

_____ I am charging my payment and have completed the requested information below.

I, _____ authorize SUNY Geneseo to charge my MC/Discover/Visa account # _____ expiring on _____ Daytime telephone _____

_____	_____	_____
Amount	Date	Cardholder Signature

I attest to the accuracy of the information I have supplied in this application. I understand that my registration may be canceled if information is false or inaccurate.

Signature _____ Date _____

Graduate non-matriculants are restricted to an overall limit of 6 graduate credits. Please be prepared to provide evidence that you have met course prerequisites. The College may require additional information or documentation to verify registration eligibility.
Please be aware that approval to attend classes as a non-matriculated student provides NO preference in the Geneseo admissions process. In addition, a denial of admission to the College precludes you from attending SUNY Geneseo as a non-matriculated student.