

Semester _____ Year _____

NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
(First, Middle, Last)

STUDENT ID _____ GENDER Male Female
(If Known)

New York State Resident? Yes
 No

MAILING ADDRESS: _____

US Citizen? Yes
 No

Phone Number: _____

If No, List VISA type _____

PERMANENT ADDRESS: _____

Country of Citizenship _____

Phone Number: _____

Country of Birth _____

List All Prior Colleges and Attended and Degree Earned (If applicable)

This section is for U.S. citizens only:

Check 1 box from this section

Race: Hispanic or Latino
 Not Hispanic or Latino

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Check 1 box from this section

Ethnicity: Asian or Pacific Islander
 Black
 Mexican/American
 Non-Resident Alien
 White
 Puerto Rico Commonwealth
 Mainland Puerto Rico
 Other Hispanic

HEALTH INSURANCE – Do you have health insurance? Yes No Health Insurance Provider Name: _____

FERPA – The Family Educational and Privacy Act of 1974 (FERPA) allows SUNY Upstate Medical University (Upstate) to disclose directory information without prior written consent. Upstate has designated student's name, mailing address, telephone number, program, class year, and Upstate email address as directory information. FERPA allows the student the right to refuse to designate any information as directory information. Please indicate the following: Allow directory information Do not allow directory information

STUDENT CODE OF CONDUCT – I have received and positively affirm the Student Code of Conduct as published in the SUNY Upstate Medical University Student Handbook. Please indicate the following: Yes No

For Office Use Only

Signature

Date

Rec'd by:

Date