



Personal Data Sheet for Non-Degree Seeking Students

High school graduates and persons holding high school equivalency diplomas may enroll in up to 11.5 credits, or less, a semester without making formal application for admission to the college.

Individuals who do not possess a high school diploma or GED, see the Admissions Office. **DO NOT COMPLETE THIS FORM.**

LAST SEMESTER IN WHICH YOU TOOK A SUNY ORANGE CREDIT COURSE:

FALL 20____
 SPRING 20____
 SUMMER 20____
 NO PRIOR CREDIT COURSES _____

LAST		FIRST		MIDDLE INITIAL		MAIDEN NAME	
LEGAL ADDRESS			CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS (IF AT ABOVE ADDRESS LESS THAN 2 YRS)							OTHER NAMES USED LAST FIRST
LOCAL ADDRESS (IF DIFFERENT FROM CURRENT LEGAL ADDRESS)						NY COUNTY (OR STATE) OF LEGAL RESIDENCY	
HOME () CELL () WORK ()							
ALL - SELECT ONE OR MORE: <input type="checkbox"/> 01 WHITE <input type="checkbox"/> 02 BLACK <input type="checkbox"/> 04 ASIAN <input type="checkbox"/> 05 AMERICAN INDIAN / NATIVE ALASKAN <input type="checkbox"/> 08 NATIVE HAWAIIAN / PACIFIC ISLANDER						SOCIAL SECURITY # (OPTIONAL)	
(NOTE: DUE TO NEW GOVERNMENTAL REPORTING REQUIREMENTS, PERSONS WHO ARE HISPANIC/LATINO <u>MUST RESPOND TO THE ABOVE AND THEN COMPLETE THE FOLLOWING SECTION BELOW</u>)						CITIZEN OF U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALL - ETHNICITY: ARE YOU HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO						BIRTHDATE (MANDATORY) ____/____/____	
IF <u>YES</u> , IS YOUR BACKGROUND? (YOU <u>MUST</u> SELECT ONLY ONE, IF HISPANIC/LATINO) :						SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> DOMINICAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> OTHER HISPANIC/LATINO							
IS YOUR GOAL TO RECEIVE A DEGREE OR CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU RECEIVED A DEGREE FROM SUNY ORANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES:</i> DATE DEGREE			I WORK EACH WEEK: <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> LESS THAN 20 HRS <input type="checkbox"/> BETWEEN 20 AND 34 HRS <input type="checkbox"/> 35 HRS OR OVER	
IN CASE OF EMERGENCY, CONTACT (GIVE NAME)						HOME () CELL () WORK ()	
NAME OF HIGH SCHOOL OR STATE ISSUING HIGH SCHOOL EQUIVALENCY (GED)						YEAR OF H.S. GRADUATION OR GED (MANDATORY)	
NAME		CITY		STATE			
ALL OF THE INFORMATION PROVIDED IS TRUE AND COMPLETE						DATE	
SIGNATURE							