

APPLICATION FOR CERTIFICATE PROGRAM IN  
COMMUNICATION DISORDERS AND SCIENCES  
FALL 2008

Name: \_\_\_\_\_  
Last First M.I. SS# or Canadian Soc. Ins.#

Mailing Address: \_\_\_\_\_  
No. & Street City

\_\_\_\_\_ State (Province) Zip Code (Postal Code)

Permanent Address: \_\_\_\_\_  
No. & Street City

\_\_\_\_\_ State (Province) Zip Code (Postal Code)

Email address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Sex: M\_\_\_ F\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ NY State Resident? Yes\_\_\_ No\_\_\_  
County: \_\_\_\_\_

Have you been convicted of a felony? Yes\_\_\_ No\_\_\_ \*(See reverse for explanation)

Have you been expelled and/or dismissed from college for disciplinary reasons? Yes\_\_\_ No\_\_\_

U.S. citizen: Yes\_\_\_ No\_\_\_ If no, country of birth: \_\_\_\_\_  
Country of citizenship: \_\_\_\_\_

Are you a permanent resident? Yes\_\_\_ No\_\_\_ If yes, please provide your alien registration number:  
A \_\_\_\_\_

If you are not a permanent resident, have you applied for permanent resident status? Yes\_\_\_ No\_\_\_

If you are not a permanent resident and you have a visa, circle or note your visa type below:  
F-1 H-4 J-1 A-2 Other: \_\_\_\_\_ (If you will need a student visa, circle F-1.)

Visa expiration date: \_\_\_\_\_ Number of years you have been in U.S.: \_\_\_\_\_

Ethnic identification (optional):  
White\_\_\_ Hispanic\_\_\_ African-American\_\_\_ Asian\_\_\_ Native American\_\_\_ Other\_\_\_

Name all accredited undergraduate institutions you have attended or are attending in order of attendance. **Note:** Official transcripts from each institution must be forwarded directly to the Plattsburgh State Graduate Admissions Office.

Institution	Entering Date	Leaving Date	Degree Type	Degree Conferral Date

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include your Statement of Purpose and your \$40 application fee with the return of your Certificate Application. Return completed items to:  
**Graduate Admissions Office**  
**SUNY Plattsburgh**  
**101 Broad Street**  
**Plattsburgh, NY 12901-2681**

**\*Felony/Dismissal Information**

A felony in New York State law is defined as a crime for which more than one year in prison may be imposed. The felony question applies if you have been convicted as an adult. If you have been adjudicated as having juvenile delinquent or youthful offender status, you are required to respond to the felony question by indicating a response of no. Dismissal from a college for disciplinary reasons is defined as permanent separation from an institution of higher education on the basis of conduct or behavior.

An affirmative response to either question will not automatically prevent admission, but you will be asked to provide additional information. This information will be reviewed by a Plattsburgh State committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

**Safety and Security**

Plattsburgh State is committed to assisting all members of the campus community in providing for their safety and security. The annual security compliance document is available online at [www.plattsburgh.edu/crimestats](http://www.plattsburgh.edu/crimestats). If you do not have access to the web and need a hard copy please contact Arlene Sabo, Chief of Police and Chair of the President's Personal Safety Committee, 518 564-2022. Information can also be obtained from the U.S. Department of Education at [ope.ed.gov/security](http://ope.ed.gov/security)

**Affirmative Action**

Plattsburgh State is an Equal Employment Opportunity, Affirmative Action Employer, and does not discriminate on the basis of race, color, sex, religion, age, national origin, sexual orientation, physical or mental disability, status as a Vietnam-era veteran or qualified veteran with a disability, except where age or sex are bona fide occupational qualifications or disability is a bona fide disqualification.

STATEMENT OF PURPOSE  
CERTIFICATE PROGRAM IN  
COMMUNICATION DISORDERS AND SCIENCES

Please describe in approximately 250 words your purpose in pursuing the Certificate Program. Your statement should demonstrate written competency and an articulation of your professional aims and career goals after completing the Certificate Program. **Note: this statement must be typed or word processed.** You may use a separate sheet if necessary.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATE PROGRAM APPLICATION FEE

Please make sure all copies are legible.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. \_\_\_\_\_

E-mail \_\_\_\_\_

Application for FALL \_\_\_\_\_  
semester year

**\$40 Fee Enclosed.** Payment may be made by check, money order, VISA, MASTERCARD, or DISCOVER.

If paying by credit card, please provide the following information:

Card (check one):  VISA  MASTERCARD  DISCOVER

Cardholder's Name (please print clearly): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bank Card Code: \_\_\_\_\_ (Located on back of your card. Last three digits in the number printed)

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

OFFICE USE: 1 - Student Accounts 2 - Graduate Office 99-09  
Acct. No. Rec. No. Date Cashier