

SECTION III: STATEMENT OF UNDERSTANDING (student & parent signatures required)

I certify that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll at SUNY Plattsburgh. If I enroll at SUNY Plattsburgh, I will abide by its rules and regulations.

I also understand that courses taken at SUNY Plattsburgh will become part of my permanent college record and may affect my subsequent eligibility for admission to post-secondary institutions.

I further understand that I will be billed for the cost of tuition and applicable fees. 2005-06 tuition is \$181 per credit hour (\$543 for a 3-credit course + fees). I authorize SUNY Plattsburgh to provide information about my course registration, grades, and attendance to my high school counselor.

Student's Signature/Date

Parent's Signature/Date

SECTION IV: HIGH SCHOOL INFORMATION (to be completed by school counselor)

This student has the permission of the high school administration to enroll in the above-listed course(s) at SUNY Plattsburgh. I recommend this student as being capable of study at SUNY Plattsburgh. *Enclosed is a copy of the student's official high school transcript and PSAT/SAT or PLAN/ACT scores with this application.*

1.) High School Information:
Name: _____
Location: _____
Phone: _____

2.) Student's Information:
Year of Graduation: _____ Cumulative GPA: _____
PSAT/SAT (CR&M) _____ PLAN/ACT Comp. _____
Rank in Class: _____

Counselor's Signature Date

Counselor's Name (please print)

Please return this form to SUNY Plattsburgh Admissions Office, Attn: Carrie Woodward, 101 Broad Street, Plattsburgh, NY 12901.

SUNY Plattsburgh's Program for Advanced High School Students Contact Information:

Admissions: Carrie Woodward, Asst. Director P: 518-564-2040 carrie.woodward@plattsburgh.edu	Registration: Michael Walsh, Registrar P: 518-564-2100 walshmj@plattsburgh.edu	Academic Advising: Suzanne Daley, Director P: 518-564-2080 daleysl@plattsburgh.edu
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