



FREE APPLICATION FOR ADMISSION

Schenectady County Community College
Office of Admissions
78 Washington Avenue • Schenectady, NY 12305
(518) 381-1366 • admissions@sunysccc.edu

PERSONAL DATA

If you have not yet applied to SCCC, you may use this form. Once we receive your high school transcript or GED scores, we will review your file for acceptance. There is no fee for this application form. Please print.

Name _____
Last First Middle Initial

Address _____
Number & Street Apt. No. City State Zip County

Phone (_____) _____ Other (_____) _____

Date of Birth ____/____/____ Male Female Email _____

Social Security No. _____ Citizen of USA? Yes No
If no, Alien Registration No. _____

*If you are not a U.S. citizen or permanent resident, you must provide additional documentation.
Please call the Admissions Office at (518) 381-1366 to obtain an informational packet.*

High School _____
Name City State Zip

Date of: Graduation _____ Receipt of GED _____

It is the student's responsibility to arrange for an official high school transcript or GED to be sent to the admissions office.
Please have all transcripts mailed to: Office of Admissions, Schenectady County Community College, 78 Washington Avenue,
Schenectady, NY 12305

ENROLLMENT INFORMATION

Intended SCCC entry date: Year: 20_____ September January June
Status: Full-time Part-time Type: Freshman Transfer Current SCCC student

I wish to apply for the Joint Admissions Program with SUNY Albany
 I intend on applying to Ellis School of Nursing (or other nursing school)

Do you have academic records under another name? Yes No
If yes, please indicate name here: _____
Last First Middle Initial

REQUIRED INFORMATION

Applicants are required to answer the following questions.
If you answer "yes" to either question, we will request additional information before making an admissions decision.
Have you ever been convicted of a felony? Yes No
Have you ever been expelled and/or dismissed from another college or university for disciplinary reasons? Yes No

ACADEMIC INTEREST

Choose from the list of Academic Programs and enter the program code here: _____

Once we receive the necessary documents, we can review your file for acceptance into the academic area you have chosen. **This application cannot be processed unless you choose a program.**

Music students: Choose your program of interest. However, you will be placed in the Music Certificate Program until you have successfully completed an audition.

Transfer Degree Programs

- 98 Aviation Science
- 55 Business Administration
- 79 Computer Science
- 09 Criminal Justice
- 83 Human Services
- 85 Liberal Arts: Humanities and Social Sciences
- 78 Mathematics and Science
- 71 Nutrition
- 87 Performing Arts-Music
- 96 Science*
- 84 Teacher Education Transfer

Career Degree Programs

- 10 Accounting
- 86 Air Traffic Control
- 93 Alternative Energy Technology
- 20 Business Administration
- 58 Chemical Dependency Counseling
- 34 Computer Information Systems
- 69 Computer Networking Systems and Cyber Security
- 35 Criminal Justice
- 33 Culinary Arts
- 37 Early Childhood
- 64 Emergency Management
- 40 Fire Protection Technology
- 30 Hotel and Restaurant Management
- 50 Human Services
- 16 Music/Business
- 66 Nanoscale Materials Technology
- 38 Paralegal
- 59 Tourism and Hospitality Management

Certificate Programs

- 31 Assistant Chef
- 99 Chemical Dependency Counseling
- 67 Computer Desktop Support Specialist
- 68 Computer Repair and Networking
- 57 Criminal Justice
- 12 Early Childhood
- 41 Fire Science
- 21 General Business
- 61 Health Studies
(for students who wish to apply to Ellis Hospital School of Nursing or other health programs)
- 76 Medical Coding and Billing
- 92 Music
- 94 Storage Battery Technology
- 63 Teaching Assistant
- 28 Tourism, Sales and Convention Management

ADDITIONAL INFORMATION

Please indicate your racial category*

1. White 2. Black or African-American 3. Asian 4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native 6. Unknown

Please indicate your ethnic group*

1. Non-Hispanic 2. Cuban 3. Dominican 4. Mexican 5. Puerto Rican
6. Other Hispanic 7. Unknown

Do you have a disability that requires services and/or accommodations? Yes* No

If yes, contact ADA Transition Services for information (518) 381-1345.

* Self-disclosure of disability, racial and ethnic information is solely voluntary. This information will be kept confidential and will not be used in a discriminatory fashion. Refusal to provide this information will not subject the applicant to any adverse or discriminatory treatment.

Please indicate the college(s) you have previously attended.

Previous College _____ State _____ Dates attended _____ to _____

Previous College _____ State _____ Dates attended _____ to _____

If you wish to transfer credit(s) for coursework at a previous college, please contact the Registrar's Office at the college(s) above and forward and official transcript(s) to: Schenectady County Community College, Office of Admissions, 78 Washington Avenue, Schenectady, NY 12305

If you are not interested in having your college transcripts evaluated, check here

Are you interested in student housing? Yes No

Have you or any member of your immediate family (spouse, child, parent) served in the U.S. Armed Forces? Yes No

I understand that this application cannot be processed if it has not been completed according to instructions and that any deliberate falsification or omission of data from any part of this application may result in denial of admission, dismissal, or other disciplinary action.

Student Signature _____ Date _____

Schenectady County Community College does not discriminate on the basis of age, race, creed, color, sex, sexual orientation, national origin, disability, veteran status, religion, or marital status in admissions, employment or in any aspect of the business of the College.