

1. a. Legal Name: \_\_\_\_\_  
Last First Middle

b. If you have academic records under another name, please indicate:  
Former Last Name \_\_\_\_\_ First Name \_\_\_\_\_

2. Social Security Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. a. Mailing Address: \_\_\_\_\_  
Street

City County State Zip Code Country (if not U.S.)

b. Permanent Address: \_\_\_\_\_  
(If different) Street

City County State Zip Code Country (if not U.S.)

5. Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

6. Gender:  Male  Female

7. Are you a U.S. citizen?  Yes  No If no, country of citizenship \_\_\_\_\_  
If no, do you have a  Visa  Permanent Resident Card  Work Permit  Other Documentation

8. Check here if English is not your native language.  What is your native language? \_\_\_\_\_

9. a. Are you Hispanic/Latino?  Yes  No

b. If Hispanic/Latino, is your background (select one):  Central American  Dominican  
 Mexican  Puerto Rican  South American  Other Hispanic/Latino

10. Is your race (select one or more):  American Indian or Alaskan Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White

11. Email: \_\_\_\_\_ @ \_\_\_\_\_

12. If you are under 21 years of age: Parent(s) Name \_\_\_\_\_

a. Parent's Email: \_\_\_\_\_ @ \_\_\_\_\_

13. a. Indicate your Secondary Education Status. Mark only one:

Graduated or will graduate from High School  Part-time Early Admissions student  
 Withdrew from High School  Completed NY GED/HSE  Completed non-NY GED  
 Home Schooled  Completed NY TASC

b. Enter date of High School Graduation, High School Withdrawal or completion of GED/TASC/HSE.   /    
(List only month and year.)

14. High School: \_\_\_\_\_  
Name City State Zip

15. a. While in high school, did you receive (or do you expect to receive) college credits before graduation?  Yes  No  
 b. If yes, check all that apply (you must request official college transcripts or AP score reports in order to earn college credits):  Advanced Placement (AP)  International Baccalaureate (IB)  
 Course taken in high school or at a college prior to graduation: College Name \_\_\_\_\_  
 Other \_\_\_\_\_

16. College Education: List all colleges and universities previously attended (including DCC):

| College Name | City/State | Dates Attended/# of credits earned |
|--------------|------------|------------------------------------|
| _____        | _____      | _____                              |
| _____        | _____      | _____                              |
| _____        | _____      | _____                              |

17. Military status  Active Military Duty  Dependent of Active Duty  Veteran  
 National Guard or Active Reserve  Other \_\_\_\_\_

18. a. Have you ever been convicted of a felony? (not including youthful offender status)  Yes  No  
 b. Have you been dismissed from a college for disciplinary reasons?  Yes  No

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are a student with a documented disability who is in need of accommodation, please contact the Office of Accommodative Services at (845) 431-8055.

*Dutchess Community College does not discriminate on the basis of race, color, gender, religion, age, national origin, disability, or sexual orientation in its educational programs and activities, including employment, or in the admission to such programs and activities. Additionally, it is the policy of Dutchess Community College that all actions within the College toward students and employees will be based on performance-related criteria. Attitudes and preferences of individuals that are personal in nature, such as private expressions of sexual orientation, will provide no basis for judgment related to such individuals.*

**Please send completed form to:** Office of the Registrar  
 Dutchess Community College | 53 Pendell Road | Poughkeepsie, NY 12601  
 Phone (845) 431-8020 | Fax (845) 431-8983 | Email registrar@sunydutchess.edu

**DUTCHESS**  
**COMMUNITY COLLEGE**