

Application For Le Moyne College / Cayuga Community College Collaboration

Please type or print. Applicants who attended college previously must have official college transcripts sent directly to the Office of Admission.

Section A:

Applicant's full name: Mr. _____ Ms. _____ SS# _____
Last First MI

Previous Name(s) _____ E-Mail address _____

Residence Address: _____
Number and Street City State Zip

Date of Birth ____ / ____ / ____ Home telephone _____ Cell telephone _____

Occupation _____ Work telephone _____

Name and address of employer _____

Have you previously applied to Le Moyne College? Yes No If yes, when? _____

Have you interviewed with a Continuing Education advisor or representative?
 Yes, with whom? _____ No

I am applying for matriculation for the semester beginning: Fall 20____

High school attended: _____

(Optional) Would you identify yourself as Hispanic/Latino or Spanish? Yes No

(Optional) In addition, select one or more of the following ethnic categories to describe you:

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White or Caucasian

Are you a veteran? Yes No
 Citizen code: U.S. Citizen Permanent resident alien Non-resident alien

Section B:

List below all the colleges you have attended (most recent first).

COLLEGES	NUMBER OF HOURS		DATES OF ATTENDANCE	
	Completed	In Progress	From	To

I certify that the information I have provided on this application is complete and truthful.

Mail application to:
 Office of Admission
 1419 Salt Springs Rd.
 Syracuse, NY 13214

Application signature: _____

Date: _____