



Visitor Information

Please Print. Complete this side only.

Name _____
FIRST M.I. LAST

Home Address _____
STREET APT #
CITY STATE ZIP CODE COUNTY

E-mail _____

Home Phone (____) _____ Cell Phone (____) _____

Date of Birth _____

Interest in (please enter year) Fall _____ Spring _____
 Full-time Part-time

Area of Academic Interest _____

Do you have a current application on file? _____

Academic History:

Freshman _____
High School Graduation Date Average
SAT _____ ACT Composite _____
Math Verbal

<input type="checkbox"/> Transfer	Colleges or Universities Attended	Date Attended	# of Credits	GPA
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

How did you hear about SUNYIT? Radio/TV Newspaper Internet Friend Co-Worker Billboard
 Faculty/Staff at two-year college Guidance Counselor/ Teacher
 Visit to High School/College Fair Other _____

What are some of the topics that you would like to discuss? _____

