

SUNY ESF Enrollment Application

Student Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Student ID #: _____ Gender: _____ Name of College: _____

Preferred method of contact (Check which applies):
Phone Email

Signature Agreement: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Student Signature Print Name Date

Paying by credit card: Visa MasterCard Discover

Card # _____

Expiration Date ____ / ____

Name on account _____

Cardholder's mailing address:

Street _____

City _____ State _____ ZIP _____

For questions please call 866-535-0456. Once completed application is received, we will reach out to you by email and/or phone number provided on application if any additional documents are needed.