



Continuing Education Application

Semester Applying For:

Full Name:

Mailing Address:

Email Address:

Cell Phone:

Home Phone:

Date of Birth:

Social Security Number:

Ethnicity:

Hispanic/Latino

Non Hispanic/Latino

Race:

American/Alaska Native

Asian

Black or African American

Hawaiian/Pacific Islander

White

(check as many as applicable; for reporting purposes only)

Major:

Specialization:

Select one:

AS - Associate in Science

BA - Bachelor of Arts

BPS - Bachelor of Professional Studies

Certificate

AAS - Associate in Applied Science

BS - Bachelor of Science

BFA - Bachelor of Fine Arts

Location:

Cazenovia College

Clinton Community College

Finger Lakes Community College

Herkimer College

Hudson Valley Community College

Online

High School Name or GED:

Date Graduated:

Colleges Attended:

Dates of Attendance:

All official transcripts must be sent directly to the Center for Adult and Continuing Education.

Student signature:

Date:

Center for Adult and Continuing Education
Cazenovia College, 22 Sullivan Street
Cazenovia, NY 13035

315.655.7191 (ph)
315.655.6996 (fax)
ContinuingEducation@cazenovia.edu