



**SUNY NIAGARA**  
**Office of Academic Affairs**  
**ADVANCED CREDIT RECOMMENDATION**  
**High School/BOCES/ProStart (NYSRAEF)/ACF (American Culinary Federation)**  
**Application**

**High School/Prospective SUNY Niagara Students:**

1. Please complete this application in full.
2. Incomplete applications will be returned without credits issued.
3. You must sign this form.
4. Your high school or BOCES administrator must sign this form.
5. SUNY Niagara must have an official final high school transcript on file.

Applicant

Last First Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Name of ACF/BOCES/ProStart Program: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Note: This agreement expires two years after the date of your high school graduation.

\_\_\_\_\_  
 Student Signature Date

**Send completed applications and final transcripts (if not already on file at SUNY Niagara) to: SUNY Niagara, Office of Academic Affairs, 3111 Saunders Settlement Road, Sanborn, NY 14132**