

SUNY Niagara  
3111 Saunders Settlement Road  
Sanborn NY 14132-9460

**REQUEST FOR ON CAMPUS STUDY**

**ALL completed application/admission materials must be received by the Admissions Office (including interview scheduled) sixty (60) days prior to the start of the semester applied for.**

**PART A: Applicants who have been dismissed from a college/university for disciplinary reason:**

Name of Applicant: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street, Apt # City State Zip Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

College/University Name and address (institution imposing the dismissal):

Name: \_\_\_\_\_

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

Offense (s) prompting the dismissal: \_\_\_\_\_  
\_\_\_\_\_

Detail any information relative to your dismissal that you think SUNY Niagara should be aware of:  
(Use additional sheets if necessary)

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Detail information relative to your conduct (before, during and/or following the event causing dismissal) that you would like SUNY Niagara to be aware of: (Use additional sheets if necessary)

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College/University official imposing the dismissal:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

College/University: \_\_\_\_\_

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

Major of Study: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of any and all information that concerns my academic transcripts, disciplinary matters and the confidential information related to Part B of this form to an authorized representative of SUNY Niagara.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Part B: Must be completed by all applicants**

I hereby request admission to study at SUNY Niagara beginning:

Fall 20 \_\_\_\_

Spring 20 \_\_\_\_

Summer \_\_\_\_

Educational major/program applying to: \_\_\_\_\_

I verify that I have read the Admission for Persons with Disciplinary Dismissals policy and guarantee that all of the answers I have provided are truthful and complete. I understand what is required of me before I may be accepted. I understand that the College's decision will be based on information provided as a result of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Part C: Must be submitted by all applicants**

Recommendation for On Campus Study:

Disciplinary Dismissal Applicants: Part C must be completed by the Vice President of Student Services or similarly ranked official from the relevant institution. A letter of recommendation, on official letterhead must accompany Part C. In addition, the applicant's official records/transcripts from any previously attended college/university must be submitted:

Is the information provided by the applicant on the SUNY Niagara Request for On-Campus Study accurate and complete to the best of your knowledge?

Yes \_\_\_\_

No \_\_\_\_

Would you recommend this applicant for study at SUNY Niagara?

Yes \_\_\_\_

No \_\_\_\_

If YES, Why?

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Name of person submitting recommendation: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to: SUNY Niagara  
Office of Admissions  
Sanborn, New York 14132  
Ph: 716.614.6200 Fax: 716.614.6820  
[admissions@niagaracc.suny.edu](mailto:admissions@niagaracc.suny.edu)