



Supplemental Transfer Information Form

Thank you for your application to SUNY Oswego! In order to process your application for admission, we will need an overview of your activities since graduating from high school. **ALL time periods must be covered, or an additional essay will be requested.**

Name: _____ Date of birth: _____
First MI Last

High School graduation year: _____

Colleges attended (please indicate ALL colleges registered at, regardless of the number of credits earned or transferred. Please use separate sheet if necessary.)

<u>Name of college or university</u>	<u>Dates attended</u>

When not enrolled in school, I was (please check all that apply)

working (please use separate sheet if necessary)

<u>Employer Name</u>	<u>Dates of employment</u>	<u>Position</u>

raising a family

in the military

Time of service from _____ to _____

- Please provide a copy of your DD214

other (please use separate sheet if necessary)

Explanation _____

**Return to Office of Admissions, 229 Sheldon Hall, SUNY Oswego,
 Oswego, NY 13126 FAX: 315.312.3260**