

## APPLICANT

Legal name \_\_\_\_\_  
*Last/Family/Sur (Enter name exactly as it appears on official documents.)*      *First/Given*      *Middle (complete)*      *Jr., etc.*

Preferred name, if not first name (choose only one) \_\_\_\_\_  
Former last name(s), if any \_\_\_\_\_

Birth date \_\_\_\_\_  Female  Male      US Social Security Number, if any \_\_\_\_\_  
*mm/dd/yyyy*      *Optional, unless applying for US Federal financial aid with the FAFSA form*

E-mail address \_\_\_\_\_      IM address \_\_\_\_\_

Permanent home address \_\_\_\_\_  
*Number & Street*      *Apartment #*

\_\_\_\_\_ *City/Town*      *State/Province*      *Country*      *ZIP/Postal Code*

Permanent home phone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code*      *Area Code*

**If different from above**, please give your current mailing address for all admission correspondence.

Current mailing address \_\_\_\_\_  
*Number & Street*      *Apartment #*

\_\_\_\_\_ *City/Town*      *State/Province*      *Country*      *ZIP/Postal Code*

If your current mailing address is a boarding school, include name of school here: \_\_\_\_\_

Phone at current mailing address (\_\_\_\_\_) \_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)  
*Area Code*      *(mm/dd/yyyy)*      *(mm/dd/yyyy)*

## FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College: \_\_\_\_\_      Deadline: \_\_\_\_\_  
*mm/dd/yyyy*

Entry Term:  Fall (Jul-Dec)       Spring (Jan-Jun)

Decision Plan:  Regular Decision       Rolling Admission      Do you intend to apply for need-based financial aid?  Yes  No

Early Decision       Early Decision II      Do you intend to apply for merit-based scholarships?  Yes  No

Early Action       Early Action II      Do you intend to be a full-time student?  Yes  No

Restrictive Early Action       Early Admission      Do you intend to enroll in a degree program your first year?  Yes  No

*juniors only*      Academic Interests: \_\_\_\_\_

Career Interest: \_\_\_\_\_

## DEMOGRAPHICS

- US citizen
- Dual US citizen
- US permanent resident visa (Alien registration # \_\_\_\_\_)
- Other citizenship (Visa type \_\_\_\_\_)

List any non-US countries of citizenship \_\_\_\_\_

How many years have you lived in the United States? \_\_\_\_\_

Place of birth \_\_\_\_\_  
*City/Town*      *State/Province*      *Country*

First language \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Optional** The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Marital status: \_\_\_\_\_

US Armed Services veteran?  Yes  No

1. Are you Hispanic/Latino?  
 Yes, Hispanic or Latino (including Spain)  No

*Please describe your background* \_\_\_\_\_

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas)

Are you Enrolled?  Yes  No If yes, please enter Tribal Enrollment Number \_\_\_\_\_

*Please describe your background* \_\_\_\_\_

Asian (including Indian subcontinent and Philippines)

*Please describe your background* \_\_\_\_\_

Black or African American (including Africa and Caribbean)

*Please describe your background* \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (Original Peoples)

*Please describe your background* \_\_\_\_\_

White (including Middle Eastern)

*Please describe your background* \_\_\_\_\_

## FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section **online**, or on an attached sheet **if applying via mail**.

### Household

Parents' Marital Status (relative to each other):  Never married  Married  Widowed  Separated  Divorced (date \_\_\_\_\_)

With whom do you make your permanent home?  Parent 1  Parent 2  Both  Legal Guardian  Ward of the Court/State  Other mm/yyyy

**Parent 1:**  Mother  Father  Unknown

**Parent 2:**  Mother  Father  Unknown

Is Parent 1 living?  Yes  No (Date deceased \_\_\_\_\_)  
mm/yyyy

Is Parent 2 living?  Yes  No (Date deceased \_\_\_\_\_)  
mm/yyyy

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle                      Title (Mr./Ms./Dr., etc.)

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle                      Title (Mr./Ms./Dr., etc.)

Country of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours

Home address **if different** from yours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

Name of employer \_\_\_\_\_

College (if any) \_\_\_\_\_

College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Legal Guardian (if other than a parent)

Relationship to you \_\_\_\_\_

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle                      Title (Mr./Ms./Dr., etc.)

Home address **if different** from yours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Siblings

Please give names and ages of your brothers or sisters. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section **online**, or on an attached sheet **if applying via mail**.

\_\_\_\_\_  
Name    Age    Relationship

College Attended \_\_\_\_\_

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

\_\_\_\_\_  
Name    Age    Relationship

College Attended \_\_\_\_\_

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

\_\_\_\_\_  
Name    Age    Relationship

College Attended \_\_\_\_\_

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

# ACADEMICS

## Secondary Schools

Current or most recent secondary school attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Graduation Date \_\_\_\_\_ School Type  public  charter  independent  religious  home school  
mm/yyyy mm/dd/yyyy

Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
Number & Street

City/Town State/Province Country ZIP/Postal Code

Counselor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Counselor's Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number

List all other secondary schools, including summer schools as well as summer and other programs, you have attended, beginning with 9<sup>th</sup> grade.

School Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)

If you received college counseling or assistance with your application process from a community-based organization (such as Upward Bound, Questbridge, HEOP, etc.), please specify. \_\_\_\_\_

If your secondary school education was or will be interrupted, check all that apply and provide details in the Additional Information section or on an attached sheet.

- did/will graduate late   
  did/will change secondary schools   
  did not/will not graduate  
 did/will graduate early   
  did/will take time off   
  did/will receive GED Date: \_\_\_\_\_ (Official scores must be sent from the testing agency.)  
mm/yyyy

**Colleges & Universities** List all colleges/universities at which you have taken courses for credit; list names of courses taken, grades earned, and credits earned in the Additional Information section **online**, or on an attached sheet **if applying via mail**. Please have an official transcript sent from each institution as soon as possible.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Degree Candidate?		Dates Attended (mm/yyyy)	Degree(s) Earned
		Yes	No		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

## TESTS

Be sure to note the tests required for each institution to which you are applying. The official SAT, ACT, TOEFL, MELAB and/or IELTS scores from the appropriate testing agencies should be sent as soon as possible.

### ACT Tests

Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing	Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing

### SAT Reasoning Tests

Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing

### SAT Subject Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

### AP/IB Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

### TOEFL/IELTS/MELAB

Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score

**Honors** Briefly list any academic distinctions or honors you have received since the 9<sup>th</sup> grade or international equivalent (e.g. National Merit, Cum Laude Society).

Grade level or post-graduate (PG)					Honor	Level of Recognition			
9	10	11	12	PG		School	State/ Regional	National	Inter- national
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ACTIVITIES

**Extracurricular** Please list your **principal** extracurricular, community, volunteer and family activities and hobbies **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

Grade level or post-graduate (PG)					Approximate time spent		When did you participate in the activity?		Positions held, honors won, or letters earned	If applicable, do you plan to participate in college?
9	10	11	12	PG	Hours per week	Weeks per year	School year	Summer		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										

**Work Experience** Please list **paid** jobs you have held during the past three years (including summer employment).

Specific nature of work	Employer	School year	Summer	Approximate dates (mm/yyyy - mm/yyyy)	Hours per week
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____

## WRITING

**Short Answer** Please briefly elaborate on one of your extracurricular activities or work experiences in the space below or on an attached sheet (150 words or fewer).

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**Personal Essay** Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself.

- 1 Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 2 Discuss some issue of personal, local, national, or international concern and its importance to you.
- 3 Indicate a person who has had a significant influence on you, and describe that influence.
- 4 Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- 5 A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.
- 6 Topic of your choice.

### Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  Yes  No
- ② Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

**Additional Information** If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please do so in the space below or on an attached sheet.

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## SIGNATURE

**Application Fee Payment** If this college requires an application fee, how will you be paying it?

- Online Payment  Will Mail Payment  Online Fee Waiver Request  Will Mail Fee Waiver Request

### Required Signature

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records covered under the FERPA act, and authorize review of my application for the admission program indicated on this form. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.
- I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school. I also affirm that I will send an enrollment deposit (or the equivalent) to only one institution; sending multiple deposits (or the equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature 

Date \_\_\_\_\_  
mm/dd/yyyy

*The Common Application, Inc., and its member institutions are committed to fulfilling their mission without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation, disability, or veteran status.*

**TO THE APPLICANT**

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal name \_\_\_\_\_  Female  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.  Male

Birth date \_\_\_\_\_ mm/dd/yyyy Social Security # \_\_\_\_\_ (Optional)

Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code


School you now attend \_\_\_\_\_ CEEB/ACT code \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA)*).
2. You waive your right to access below, regardless of the institution to which it is sent:

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.


No, I do *not waive* my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

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

**TO THE TEACHER**

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below.**

Teacher's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Subject taught \_\_\_\_\_  
Please print or type

Signature  \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Secondary school \_\_\_\_\_

School address \_\_\_\_\_  
Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's phone (\_\_\_\_\_) \_\_\_\_\_ Teacher's e-mail \_\_\_\_\_  
Area Code Number Ext.

**Background Information**

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.).

\_\_\_\_\_

**Ratings** Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative, original thought								
Productive class discussion								
Respect accorded by faculty								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative, independence								
OVERALL								

**Evaluation** Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

## GENERAL INFORMATION

Term for which you are applying: \_\_\_\_\_

To which Stony Brook University location are you applying?  Stony Brook  Stony Brook Southampton\*  Both

\*Stony Brook Southampton is our newest initiative focused on environmental sustainability, with its own 80 acre residential campus located in Southampton, NY, 50 miles east of Stony Brook's main campus.

Your academic interest: \_\_\_\_\_

You are applying as a:  Freshman  Transfer

Have you previously applied to Stony Brook University?  Yes  No If yes, for which term/year? \_\_\_\_\_

Indicate if you are:  Dependent of a U.S. Veteran  Active Duty U.S. Military

Indicate if you identify yourself as  Learning Disabled  Physically Disabled  Both

What is your Family Income? \_\_\_\_\_ How many members are in your household? \_\_\_\_\_

## NY RESIDENCY INFORMATION

Are you a New York State Resident?  Yes  No

If yes, what is your New York State County of Residence? \_\_\_\_\_ If yes, but less than 1 year, how many months? \_\_\_\_\_

## INTERNATIONAL RESIDENCY INFORMATION

If you are not a permanent resident, have you applied for permanent residence status?  Yes  No

If you hold a VISA, what is the VISA expiration date? \_\_\_\_\_

If you are currently studying on an F-1/J-1 visa, or wish to obtain one, you must complete all questions regarding citizenship in the Demographics section of the Common Application.

## FAMILY/LEGACY INFORMATION

If a member of your family attended or graduated from Stony Brook University, please indicate their name, relationship to you, and graduation year.

Legacy #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Legacy #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Legacy #3 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

## EDUCATIONAL INFORMATION

If the information is available at the time of this application, indicate below any academic distinctions or honors you have been awarded:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> National Merit Finalist      | <input type="checkbox"/> Valedictorian | <input type="checkbox"/> Intel Competition Finalist      |
| <input type="checkbox"/> National Merit Semi-Finalist | <input type="checkbox"/> Salutatorian  | <input type="checkbox"/> Intel Competition Semi-Finalist |
| <input type="checkbox"/> National Merit Commended     |  |  |

Briefly state why you are considering Stony Brook University:

## HONORS/SPECIAL PROGRAMS – STONY BROOK CAMPUS LOCATION

All high-achieving freshman applicants are automatically considered for University Scholars, a program for academically talented students which offers priority course registration, special academic advising, and a variety of academic and extracurricular opportunities. Applicants who would also like to be considered for the special programs listed below or merit scholarships should complete their application and provide all necessary credentials by December 31st. These programs are only available to students applying to the Stony Brook campus location.

If you wish to be considered for The Honors College and/or Women In Science & Engineering, please indicate your selection below. Consideration for either program requires a minimum combined SAT Math and Critical Reading score of 1300 or a 29 on the ACT exam, and an unweighted high school average of 93.

- Honors College
- Women in Science and Engineering (WISE) Program
- Both
- I do not wish to be considered for either program

If you selected both, please indicate your preferred program, as applicants can only be accepted into one:

- Honors College
- Women in Science and Engineering (WISE) Program

Stony Brook also offers several integrated eight-year Bachelor/M.D. & Bachelor/D.D.S. options to a very select group of fall freshman applicants who are admitted into The Honors College, Women In Science and Engineering (WISE), or the College of Engineering & Applied Sciences. Consideration for any of the programs below requires a minimum combined SAT Math and Critical Reading score of 1350, and an unweighted high school average of 95. You may apply to only one of the programs listed below:

- Scholars for Medicine (only available to students applying to The Honors College and/or WISE)
- Engineering Scholars for Medicine (only available to students applying for a Bachelor of Engineering degree program)
- Scholars for Dental Medicine (only available to students applying to The Honors College)
- I do not wish to be considered for any of the above programs

## RECOMMENDATIONS

All Freshman applicants are required to submit one letter of recommendation from a teacher or counselor. An additional recommendation is required for those students applying to Honors, WISE, Scholars for Medicine, Scholars for Dental Medicine, and Engineering Scholars for Medicine. We will accept online letters of recommendation through the Common Application or paper recommendations.

Paper recommendations should be sent to:

Stony Brook University  
UG Processing - Essay/Rec Ltrs  
279 Broadway  
Albany, NY 12204-2755  
U.S.A.

Please be sure to include your full name, date of birth, and home address on all correspondence.

## HONORS/WISE ESSAY

If you are applying to Stony Brook's Honors College or WISE Program, you must write an essay on topic #1 from the Common Application's Personal Essay section: ***Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.*** If you already provided an essay on this topic in the Common App, you do not need to respond to this question a second time. Otherwise, please write an essay in response to this question and attach it to this Supplemental Application.

- I am Not applying to Honors or WISE
- I am applying to Honors and/or WISE and already completed and submitted an essay on topic #1 in the Common Application
- I am applying to Honors and/or WISE and I am attaching my essay on topic #1 to this application

## MEDICAL/DENTAL SCHOLARS ESSAY

An additional essay is required for applicants to Scholars for Medicine, Engineering Scholars for Medicine Program, and Scholars for Dental Medicine. Please write an essay about the topic below:

***Paint a verbal portrait of an ideal physician and tell us about the experiences that you have had which have helped to shape this ideal.***



# APPLICATION FEE INSTRUCTIONS



Include check or money order for \$40 U.S. Dollars payable to:  
**Stony Brook University/Account #910554**  
(do *not* send cash)

Mail your Application, Application Fee, and all supporting  
documentation to:

**Stony Brook University**  
**UG Processing**  
**279 Broadway**  
**Albany, NY 12204-2755**  
**U.S.A.**