STONY BROOK
STATE UNIVERSITY OF NEW YORK

GUIDANCE COUNSELOR TRANSMITTAL FORM

Please fax all paper documents to: (631) 632-9898. If items cannot be faxed, please send them to:
Note: Credentials faxed directly from the high school do not need to be mailed in hard copy.

Stony Brook University
UG Processing
279 Broadway
Albany, NY 12204-2755

APPLICANT INSTRUCTIONS: Please type or print in black ink. After completing all the relevant questions below, ask your counselor to complete the Counselor Section, **attach your transcript**, and mail to the above address.

Birth Date:__ __ /__ __/__ __ __ __ (month / day / year) Social Security #__ __ __ - __ __ - __ __ __ __ (Optional) Stony Brook ID # (if known): __ __ __ __ __ __ __ __ __

Student's Full Legal Name:_____/_____/_____ ☐Female ☐Male
(Last/Family Name (enter name exactly as it appears on official documents) / First/Given Name / Middle Name)

Address:_____
(Number and Street / Apartment # / City or Town / State/Province / Country / ZIP/POSTAL CODE)

Phone Number:_____ E-Mail Address:_____

I understand that my application cannot be processed if it has not been completed according to the instructions and any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is therefore true to the best of my knowledge. If I am an Early Action applicant, I agree to comply with the program requirements outlined in the Application Viewbook. With my signature, I authorize the release of my transcript(s) and standardized test scores to Stony Brook University for admission purposes.

Applicant's Signature:_____ Date:_____

COUNSELOR SECTION: Please complete one of the following statements (a or b) about this applicant's rank in class. If your school does not calculate or disclose exact rank in class, we would appreciate your estimating this student's rank as nearly as possible.

a. This applicant currently ranks_____ in a class of_____ . This rank is: ☐ Weighted ☐ Unweighted (mark only one)

b. We do not calculate or disclose exact rank, but I estimate this applicant's position to be within the top _____ percent of his or her class.

High School Average (at time of application):_____. High School Average is: ☐ Weighted ☐ Unweighted (mark only one)

Do you anticipate that the applicant will have (check all that apply):

☐ Successfully completed two or more Advanced Placement (AP) or International Baccalaureate courses (IB) with (minimum) test scores of 3 or higher on AP exams and 4 or higher on IB exams.

☐ Successfully completed, with passing grades, all of the following: 4 years of English; 3 years of Math (including Algebra 1 and higher level courses such as Algebra II, Geometry); 3 years of science (including at least two from biology, chemistry, physics); 3 years of social studies; and one year of foreign language.

☐ Met your state's recognized rigorous HS program.

Counselor's Name (Mr./Ms./Dr., etc.):_____ Title:_____

Counselor's Signature:_____ Date:_____

Secondary School:_____ CEEB/ACT Code:_____

School Address:_____
(Number and Street / City or Town / State/Province / Country / ZIP/POSTAL CODE)

Teacher's phone (_____)_____ Teacher's e-mail_____
(Area Code / Number / Ext.)