



Congratulations on your decision to apply to CareerNext! Through CareerNext, enrolled students at SUNY Cobleskill will receive the support needed to successfully obtain an Associates or Bachelors degree.

Below is a checklist that you can use as your guide, as you complete each step in the application process. We look forward to hearing from you!

APPLICANT DIRECTIONS

1. Apply to SUNY Cobleskill (<https://www.cobleskill.edu/admissions/applying-to-cobleskill.aspx>)
2. Complete the CareerNext - SUNY Cobleskill application.
2. Please submit the following documents with your application:
 - Individualized Education Plan (IEP) or 504
 - Official, Sealed High School Transcript
 - Psychological Testing (most recent)

You can mail documents to the address below, or email documents to cdergosits@livingresources.org.

CareerNext

Attn: Colleen Dergosits
300 Washington Avenue Extension
Albany, NY 12203

OUR GOAL FOR GRADUATES

- Obtain a credited Associates or Bachelors Degree from SUNY Cobleskill.

MINIMUM REQUIREMENTS FOR ADMISSION

1. Capable of living independently on campus with minimal support.
2. Ability to independently complete all daily living tasks.
3. Motivated to learn and participate in discussions and conversations with instructors and students.
4. Motivated to independently complete in-class assignments and homework, and ability to independently follow a schedule.
5. Ability to get along with others, follow house and school rules, accept supervision.
6. Ability to get along with others and follow the code of conduct set by SUNY Cobleskill.

Students with Autism or documented learning differences who are looking to obtain an Associates or Bachelors degree are welcome to apply. Students must obtain admission to both CareerNext and SUNY Cobleskill. All students will be held to the academic standards and requirements of the college in order to maintain eligibility throughout the duration of the program.



APPLICANT INFORMATION

Expected Semester & Year of Enrollment: Fall Spring Year: _____

Last Name First Name Middle Initial

Male Female

Birthday

Phone Number Email Address

Social Security Number Country of Birth

Home Address City

State/Province Zip County

Have you applied to SUNY Cobleskill? Yes No

Have you been accepted? Yes No Still Waiting

Program of Study: _____ Associates Bachelors

Are you enrolled in the NY START Program? Yes No

PARENT/GUARDIAN INFORMATION

Parent/Guardian Type Father Mother Guardian

Last Name First Name Middle Initial

Phone Number Email Address Occupation

Parent/Guardian Type Father Mother Guardian

Last Name First Name Middle Initial

Phone Number Email Address Occupation



LIFE AT HOME

Do you stay home alone? Yes No

Do you go out alone? Yes No

Have you ever lived away from home? Yes No

If yes, when and where? _____

MEDICAL INFORMATION

Do you take medications? Yes No

Do you take these independently? Yes No

Drug	Dosage	Time of Dispense	Comments

Do you have a history of seizures? Yes No

If yes, please explain: _____

Do you have any allergies? Yes No

If yes, please explain: _____

Do you currently have counseling services? Yes No

If yes, frequency: _____

LIFE AT SCHOOL

Name of High School _____ City and State _____ Year of Graduation _____

Type of Diploma Received/Anticipated: _____

Did you, or do you have a behavior support plan? Yes No

If so, please attach.



LIFE AT SCHOOL (CONTINUED)

What type of services did you receive in high school?
(Select all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Self-Contained Classes | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Consultant Teacher |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Inclusion Classes | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Adaptive Physical Education (PE) | <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Physical Therapy (PT) |
| <input type="checkbox"/> Other: _____ | | |

Did you take the SAT/ACT? Yes No

If yes, what were your scores? SAT: _____ ACT: _____

What was your favorite subject? _____

What was your least favorite subject? _____

What supports have you received in the past which you found beneficial? _____

What areas will you need extra help in? _____

What activities were you involved with in and out of school? _____

If you have attended any school, college or program after high school, please fill out information below.

_____	_____	_____
Name of School/Program	City and State	From-To Dates

If attended college, please answer the following:

_____	_____
Major	# of Credits Received

Reason for leaving: _____

Did you dorm there? Yes No

If yes, any issues or concerns? _____

**If you have credits from another institution, please have an official transcript sent to SUNY Cobleskill Admissions and Colleen Dergosits.*

