Thank you for your interest in our Automotive Technology Program. As part of the application process for this particular program, we require the items listed below. These are mandatory items and your application will be considered incomplete without them.

Your college application, which is not included in this packet, can be filled out online at [www.sunysuffolk.edu](http://www.sunysuffolk.edu) or you can print out a copy of the application and mail it to the school. You must have a college application on file in order to take the college's placement exam.

Every incoming student must take the college's placement exam. The exam consists of areas in Reading Comprehension, English and Mathematics. You can visit websites to take practice exams at [www.google.com](http://www.google.com), (in the search box type ‘accuplacer practice’) many sites will come up that give you the opportunity to try exams. The office of Testing and Advising will contact you with a test date.

If you are a student with documented learning disabilities, you should contact our Special Services Office at 631-451-4045 and make an appointment to take the College Placement Exam through them. Once you supply all the necessary paperwork, they will schedule a test for you with the appropriate resources afforded to you.

**ITEMS TO BE SUBMITTED:**

- Letter of recommendation (from teacher, Principal, boss, coach, etc.)
- Essay (on enclosed form)
- Automotive Program Preference (on enclosed form)
- Informational Sheet
- Copy of NYS Driver’s License
- Driver’s Abstract from Department of Motor Vehicles (must be current)

**Please forward the mandatory items listed to the following address promptly:**

Suffolk County Community College  
Admissions Office  
533 College Road, Selden, NY 11784

If you have any questions, please call (631) 451-4022
Write a brief essay (1/2 page to full-page) detailing why you have chosen to apply to the Automotive Technology Program.

Student Name: ___________________________  ID#: ___________________________

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Please indicate below your preference of programs for the Automotive Industry. Place number “1” next to the program that is your first choice, the number “2” next to your second choice and number “3” next to your third choice, and number “5” next to your last choice.

General Motors ASEP (AAS Degree) ______________________
Toyota T-TEN (AAS Degree) ______________________
General Automotive (AAS Degree) ______________________
Honda PACT (AAS Degree) ______________________
General Auto Extended Program (3 Years – AAS Degree) ______________________

Student Name:______________________________________________________
SCCC ID#:______________________________________________________
Automotive Service Specialist Program
Information Sheet for prospective students

PLEASE PRINT CLEARLY - This form must be returned with packet

Name:______________________________________________________________________________________

Address:___________________________________________________ Telephone:__________________________

City, State, Zip: _____________________________________________ Date of Birth:________________________

Email address:__________________________________________________________

Program(s) interested in: _____General Auto(ATAC) _____GM ASEP _____Honda _____Toyota _____ATAC II _____ALL

High School Attended:_____________________________________________________________________________

Graduation Date:____________________________ or Year GED Completed:_________________________________

Did you participate in a High School Automotive Program? _____ yes _____ no Was it a BOCES program?______

Name of BOCES program attended (if applicable):_____________________________________________________

Was that program part of the AYES (Automotive YES Program)? _________________________________________

If yes, what Dealership did you intern at?_____________________________________________________________

Who is/was your AYES/BOCES instructor?_____________________________________________________________

Do you currently attend Suffolk County Community College: __________ If yes, ID #_________________________

Do you have a valid NYS driver’s license? _____ yes _____ no
(NYS Driver's License is required for program admittance)

Are you currently working in an Automotive Shop? _____ yes _____ no

If yes, please list place of employment: _____________________________________________________________

Country of Citizenship: ______ United States ______ Other (please specify)_______________________________

If you are not a United States Citizen, do you have permanent residency? _____ yes _____ no
(please include a copy of your Permanent Residency Card)