Automotive Program Information Form – Send to Auto@sunysuffolk.edu

Applicant Information

Full Name: Date:

Last   *First*   *M.I.*

Address:

Street Address   *Apartment/Unit #*

City   *State*   *ZIP Code*

Phone: Email

Date of Birth _____   SCCC Student ID No. (If Available) _____

Submitted a SCCC Application (New Student)   YES ☐   NO ☐   Submitted a Change of Emphasis / Readmit Form (Continuing Students only).   YES ☐   NO ☐

Program Selection

☐ Automotive Maintenance and Light Repair Certificate   ☐ General Motors ASEP Program

☐ Automotive Technology A.A.S. Degree (Day)   ☐ Honda PACT Program

☐ Automotive Technology A.A.S. Degree (Evening)   ☐ Automotive Business A.A.S. Program

☐ Toyota T-TEN A.A.S. Degree   ☐ Automotive Business Certificate (Continuing Students)

**Ford ACE, Subaru University, Mercedes Benz Campus, Mopar CAP and Nissan NTTA Programs:
Select Either Automotive Technology A.A.S. Day or Evening

NYS Driver License / Abstract

All students applying to the Automotive Technology Program must provide a copy of their NYS Driver License and a copy of their Driver License Abstract which can be obtained from the NYS DMV: www.dmv.ny.gov

NYS Driver License Number: _____

☐ I have submitted a copy of my NYS Driver License   ☐ I have submitted a copy of my driver license abstract

Please email a copy of both your license and abstract to auto@sunysuffolk.edu with this Program Information Form

Previous Automotive Education or Employment

Company / School: Phone:

Address: Supervisor / Teacher: