



Collegiate Science and Technology Entry Program Application



2800 Victory Boulevard, Building 1A-Suite
108 Staten Island, New York 10314
718.982.2571/2638
oasp@csi.cuny.edu

Name _____ EMPLID _____

Telephone Home: _____ Mobile: _____ Gender: Female Male

Mailing Address: _____

Email Address: _____ D/O/B: _____

Is English your Second Language? Yes No

If yes, what is your First Language? _____

Are you a U.S. Citizen? Yes No

Are you a New York State Resident? Permanent Resident

On a Student Visa: Yes No Other - Explain _____

Registration#: If applicable _____

Are you a Transfer or former STEP/CSTEP-LPP student? Yes No

When was your first semester at CSI? _____

Major: _____ Minor: _____ Credits Completed: _____

Parent/Guardian name: _____

Parent/Guardian address: _____

Has either parent attended college? Please indicate:

Mother: some college AS BS Master's PhD

Father: some college AS BS Master's PhD

Have you ever been tutored at the College of Staten Island? Yes No

If yes, what subject(s): _____

Have you ever received Academic Advisement and for Counseling at CSI? Yes No

If yes, please explain: _____

Are you in SEEK or ASAP program? Yes No

Number of people living in your household? _____

Do you have a disability or health problem that may require special assistance to help you pursue your course of study successfully? Yes No

Please explain:

Ethnicity: African American Hispanic/Latino Native American/Alaskan Native
 White Asian

I, _____, give the CSTEP office personnel permission to access my student transcript. I will contact the program office weekly with updates on my academics; I will complete a research project and participate for one full year as well as participate fully in all aspects of the Collegiate Science and Technology Entry Program at CSI. In addition, I will forfeit my research stipend if my abstract is not submitted before the fall and spring due dates.

1. I would like help in the following areas:

Tutoring (specify) Math English Physics Biology
Chemistry Computer Science Technology Other Explain:

Academic Advisement

Academic Counseling Personnel Counseling (choose one)

Career Counseling

2. I would be interested in applying for a position as:

A CSTEP Scholar (tutoring math or science) on campus

A CSTEP Scholar (working with middle/high school students)

A Research Assistant (specify field of interest) _____

Internship

Community Service

3. I would be interested in participating in the following workshops/seminars: (Please check in order of your preference 1-11).

Personal Values: How They Affect Career Choices

Improving Note-taking Skills

Career Exploration (specify field of interest) _____

Choosing a Major

Students Talking with Students: A Roundtable Discussion

Preparing for Graduate/Professional School Admissions

Writing a Research Paper/Lab Report

Time Management

Developing Effective Study Strategies

Dress for Success

Other (Explain) _____

All Workshops Are Mandatory

FOR OFFICE USE ONLY

Date of Entry: _____

Credits Completed: Fall _____ Spring _____ Sem. Credit: Fall _____ Spring _____

Transfer Student: Yes No Name of Institution: _____

 Full Time Part Time GPA: Fall _____ Spring _____

Major: _____

Completed Research Project: Yes No Date of Graduation: _____

Comments: (Fall)

Comments: (Spring)

General Release Form for Use of Photograph

I hereby grant The City University of New York (CUNY) and the College of Staten Island (CSI) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CUNY and/or CSI may deem appropriate, including without limitation educational uses and promotion of CUNY and CSI and its programs and activities in perpetuity within in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City University of New York from any liability that may arise from such use of my name graduate program and/or likeness.

I am at least 18 years old.

Participant Signature

Date

Participant Name (Please print)

Witness Signature

Witness Name (Please print)