



THE CITY UNIVERSITY OF NEW YORK

2800 Victory Boulevard
Staten Island, NY 10314
T 718.982.2005 • F 718.982.2616
www.csi.cuny.edu/step_cstep/cstep/
www.csi.cuny.edu/bmi

Office of Access and Success Programs
BMI/CSI and CSTEP

COLLEGE SUCCESS INITIATIVE LEARNING BY TEACHING PROGRAM (CSILT)

RETURNING APPLICATION 2016 - 2017

STUDENT NAME: _____

MAILING ADDRESS: _____

ZIP Code: _____ TELEPHONE (H): ____ -- ____ MOBILE: ____ -- ____

EMAIL ADDRESS: _____

GENDER: FEMALE / MALE. DOB: _____
(Circle one)

College ID#: _____

I WILL NOT Continue with the CSILTP program in 2016 – 2017 []

I WILL continue with the CSILTP program in 2016 - 2017 []

Years at the College of Staten Island 1 2 3 4 5 Graduate Student
(Circle one)

Intended Major: _____ Minor: _____ Credits Completed to Date: _____

Are you a former CSILTP High School student from Curtis or Port Richmond? Yes [] No []

Did you participate in the CSILTP Learning Community Summer Program / Orientation? Yes [] No []

Do you have a disability or health problem that requires special assistance? Yes [] No []

If yes please explain _____

I, _____ agree to fully participate in the College Success Initiative Learning by Teaching Program (CSILT) for one full year.

Student Signature: _____ Today's Date: _____



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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 of age.

Participant Signature

Today's Date

Participant Name (please print)

Witness Signature

Witness Name (please print)



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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
- _____ Career Counseling

2. I WOULD BE INTERESTED IN APPLYING FOR A POSITION AS:

- _____ A CSILTP Scholar (tutoring on campus)
- _____ A CSILTP Scholar (Tutoring at Port Richmond or Curtis high schools)
- _____ 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 the order of your preference 1-12).

- _____ Personal Values: How They Effect Your 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
- _____ Writing Lab Reports
- _____ Time Management
- _____ Developing Effective Study Strategies
- _____ Dress for Success
- _____ Other (explain)



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FOR OFFICE USE ONLY

BMI D/O/E: _____ CREDITS COMPLETED: _____ SEM. CREDIT: _____

EQU. CREDITS: _____ ESL: _____ NO _____ GPA: _____

FULL TIME: _____ PART TIME: _____ CURRICULUM: _____ CLASS RANK: _____

INTENDED MAJOR: _____ CURRENTLY ENROLLED: Y _____ N _____

TRANSFER STUDENT YES: _____ NO: _____ Name of Institution: _____

BASIC SKILLS TEST (completed Y / N) <> SCORES: CMAT: _____ CRAT: _____ CWAT: _____

COMMENTS:
