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: _________________________.


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)
1. I WOULD LIKE HELP IN THE FOLLOWING AREAS:

- Tutoring (specify) Math  □ English  □ Physics  □ Biology  □ Chemistry  □ 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)
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: ___________________________

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

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COMMENTS:

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