THE CITY UNIVERSITY
OF NEW YORK

College of
Staten Island

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

First Name: _____ Last Name: _____ Student ID #: _____ _____ _____

Date of Birth _____ _____ _____ Gender: Male_____ Female _____ Telephone (Home): ____--_____ _____

Mobile: ____-- _____ _____ Mailing Address: _____

_____

Zip Code:_____ E-mail: _____

Are you a **New York State Resident?** Yes __ No___ Are you a **U.S. Citizen / Permanent Resident** Yes__ No__

Other - Explain_____ **Student Visa #:** _____

When was your first semester / year of enrollment at **CSI**? _____

Circle one: **FRESHMEN   SOPHMORE   JUNIOR   SENIOR   GRADUATE STUDENT**

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

Parent /Guardian name:_____

Parent /Guardian address:_____

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 /or **Counseling at CSI**? Yes: ____ No: ____

If yes please explain:_____

Are you in the **CSTEP, SEEK or Verrzanno** program (please circle program) Yes:____ No: ____

Do you have a disability or health problem that may require special assistance to help you pursue your course of

study successfully? Yes___No___ If yes please explain:_____

What is your Ethnicity? _____

I, _____, agree to fully participate in the College Success Initiative Learning by Teaching
Program (CSILTP)at the College of Staten Island for one academic year.

_____   _____
Student Signature   Today's Date

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COLLEGE SUCCESS INITIATIVE LEARNING BY TEACHING PROGRAM (CSILTP)

Student Name: _____ Intended Major: _____

How many credits have you taken this semester? _____

1.   YOU WOULD LIKE HELP IN THE FOLLOWING AREAS (check as many as apply)

   _____ Tutoring (specify) Math____ English____ Physics____ Biology ____ Chemistry ____
         Computer Science____ Technology____ Other____ Explain_____
   _____Academic Advisement
   _____Academic Counseling
   _____Career Counseling
   _____Study Skills

2.   YOU WOULD BE INTERESTED IN PARTICIPATING IN THE FOLLOWING WORKSHOPS/
    SEMINARS (order or preference; number as many as apply 1-13):

   _____Personal Values: How They Affect Career Choices
   _____Improving Note-taking Skills
   _____Career Exploration (specify field of interest) _____
   _____Financial Aid
   _____Choosing a Major
   _____Improving Critical Thinking and Problem Solving Skills
   _____Students talking With Students: A Roundtable Discussion
   _____Developing Computer Skills
   _____Preparing for Graduate/Professional School Admissions
   _____ Writing Research Paper / Writing Lab Reports
   _____Stress Management / Time Management
   _____Developing Effective Study Strategies
   _____Other (explain)

- -

3. WHAT ARE YOUR PLANS AFTER COLLEGE?

_____

_____

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_____   _____

Participant Signature   *Today's Date*

_____

Participant Name (please print)

_____

Witness Signature

_____

Witness Name (please print)

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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: _____

INTENDED MAJOR (s): _____ _____

CURRENTLY ENROLLED: Y_____N_____   CLASS LEVEL: _____

TRANSFER STUDENT - Name of Institution: _____

- -

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

- -

COMMENTS:

_____

_____

_____

_____

_____

_____