# College Now Course Cover Sheet
## Summer 2018

**CUNY ID**

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What grade will you be entering in fall 2018** (please circle):  
Sophomore  
Junior  
Senior

**What College Now courses have you previously taken?**

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### Please circle the course you are registering for:

<table>
<thead>
<tr>
<th>Registering for:</th>
<th>Students must meet the following criteria:</th>
<th>Please provide the appropriate test score(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PSY 100</strong></td>
<td>These courses require a grade of <strong>75</strong> or higher on the ELA Regents or a <strong>480</strong> on the SAT Verbal or <strong>20</strong> on the ACT English section or <strong>27</strong> on the PSAT Critical Reading portion.</td>
<td>ELA Regents</td>
</tr>
<tr>
<td><strong>SOC 100</strong></td>
<td>A grade of <strong>70</strong> or higher on the Common Core Algebra Regents and an overall <strong>80%</strong> HS GPA.</td>
<td>Algebra Regents</td>
</tr>
<tr>
<td><strong>AST 102/103</strong></td>
<td>A grade of <strong>70</strong> or higher on the Common Core Geometry Regents or <strong>530</strong> or higher on the SAT Math or <strong>21</strong> or higher on the ACT Math. Must have passed Algebra Regents.</td>
<td>Geometry Regents</td>
</tr>
<tr>
<td><strong>MTH 113</strong></td>
<td>A grade of <strong>65</strong> or higher on the Common Core Algebra/Trig Regents or <strong>530</strong> or higher on the SAT Math or <strong>21</strong> or higher on the ACT Math. Must have passed both the Algebra and Geometry Regents.</td>
<td>Alg/Trig Regents</td>
</tr>
</tbody>
</table>
Please PRINT clearly and legibly.

Student OSIS Number ___________________________ Student CUNY EMPLID ___________________________

First Name __________________ Last Name __________________ Middle Initial __________________

Street Address __________________ Apt. # __________________

City __________________ State __________________ Zip __________

Email Address __________________ Home Phone ( )____ - ______

Date of Birth (MM / DD / YYYY) ____ / ____ / _____ Sex (M/F) ______

Cell Phone ( )____ - ______

Race / Ethnicity

1. Are you Hispanic / Latino? □ Yes □ No

2. Select one or more races:

□ American Indian / Alaska Native □ Asian

□ Black / African American □ Native Hawaiian / Other Pacific Islander □ White

What is your parent or guardian's highest level of education? (select one):

□ Post Graduate or Professional □ College Degree □ Some College Education □ High School Graduate

□ Some High School □ 8th Grade or Less □ I don’t know

TO BE COMPLETED BY COLLEGE NOW STAFF

HS ETS Code ___________________________ High School __________________

Semester Summer 2018 CUNY College College of Staten Island

Course ID __________________ Course Name __________________ Check if course is ‘waiver funded’ □

Course Level: □ College Credit □ College non-credit □ Pre-college CN Course / CNFC □ CN Workshop

Course Location: □ College Campus □ High School Campus

Instructor’s Primary Affiliation: □ College Full Time Faculty □ College Part Time / Adjunct Faculty □ High School Teacher

Updated August 2014
Parent/Guardian Notification and Consent  
The City University of New York  
The College of Staten Island  
Summer 2018

I am aware that ________________________________ is participating in the City University of New York College Now program and that the instructional activities will take place at

College of Staten Island which is located at 2800 Victory Blvd, SI , NY 10314
(name of high school or CUNY college) (street address of high school or CUNY college)

My child is registering for ________________________________ Semester Summer 2018
(course title) (fall, spring or summer)

The day(s) and hours the course will take place _____________________________________

If the course takes place at a CUNY college, I understand that my child may travel to the college site by various forms of public and/or private transportation. I understand that there may be risks involved in my child’s departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.

To help increase awareness of College Now for other city students, I give permission for The City University of New York (CUNY) to use my child’s

• image or photograph
• name
• high school affiliation, and/or
• written and/or recorded oral statements made in or about College Now

Solely for CUNY’s non-commercial purposes, including promotion of the College Now program and use on CUNY TV and cuny.edu, in any manner or media, now and in the future, throughout the world. YES ______ NO _______

If for any reason your child cannot continue to attend this course, it is his/her responsibility to inform the College Now office in order to go through a formal drop procedure. Failure to do so will lead to a permanent failing grade on his/her college transcript.

I understand and accept all of the conditions outlined above.

__________________________________________ _______________________
Signature of parent/guardian Date

__________________________________________ _______________________
Print name of parent/guardian Telephone

__________________________________________ _______________________
Name of emergency contact (please print) Emergency contact telephone

I consent to the use of my image or photograph, name, high school affiliation, and/or written and/or recorded oral statements made in or about College Now as described above.

__________________________________________ _______________________
Signature of student Print name of student Date