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Office of Access and Success Programs
 STEP, CSTEP, and CSILT



COLLEGIATE SCIENCE AND TECHNOLOGY ENTRY PROGRAM
Pre College Summer Application

(Please print or type all answers legibly)

NAME: _____
 Last First Middle

MAILING ADDRESS: _____
 Street Address Apt. Number

City State Zip Code

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____@_____

DATE OF BIRTH: ____/____/____ GENDER: FEMALE / MALE
 mm / dd / yyyy (circle one)

Has either parent attended College? Please indicate Mother: Some College / AS / BS / MASTERS / PhD
 Father: Some College / AS / BS / MASTERS / PhD
 (circle all that apply)

ETHNICITY: African-American** (** Include individuals of African Descent) Latino Native American
 Alaskan Native Asian White

Are you a: New York State Resident? Yes ___ No ___ Are you a: U.S. Citizen / Permanent Resident / On

Student Visa / Other – Explain _____ Registration # if applicable: _____

PLEASE INDICATE H.S. COURSES YOU COMPLETED (circle the appropriate course)

Math: REGENTS / AP / HONORS Science: REGENTS / AP / HONORS Physics: REGENTS / AP / HONORS

Grade you received _____ Grade you received _____ Grade you received _____

Intended Major: _____

Are you a former STEP student? Yes _____ No _____ Year of Program Completion? _____

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

If yes please explain: _____

I, _____ agree to participate fully in the CSTEP Pre-College
 Summer Program 20 ____.

STUDENT SIGNATURE: _____ DATE: _____

PLEASE SUBMIT ORIGINAL FINAL REPORT CARD & HIGH SCHOOL DIPLOMA AS SOON AS IT IS ISSUED BY YOUR SCHOOL