



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



COLLEGIATE SCIENCE AND TECHNOLOGY ENTRY PROGRAM
APPLICATION

Name: \_\_\_\_\_ Student Identification #: \_\_\_\_\_

Telephone Home: ( ) \_\_\_\_\_ -- \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ -- \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
mm / dd / yyyy

Is English your Second Language? Yes \_\_\_ No \_\_\_ If yes, what is your First Language? \_\_\_\_\_

Are you a: U.S. Citizen Yes \_\_\_ No \_\_\_ New York State Resident / Permanent Resident: \_\_\_\_\_

On a Student Visa: Yes \_\_\_ No \_\_\_ Other – Explain \_\_\_\_\_ Registration or Green Card Number: \_\_\_\_\_

Are you a Transfer or former STEP / CSTEP / LPP student? Yes \_\_\_ No \_\_\_ When was your first semester at CSI \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Credits Completed: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Parent /Guardian address: \_\_\_\_\_

(Have your parents attended College; check the box and circle all that apply)

Mother: No College Some College - AA / BA / MASTERS / PhD <> Father: No College Some College - AA
BA / MASTERS / PhD

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 SEEK or ASAP program? Yes \_\_\_ No \_\_\_ Number of people living in your Household? \_\_\_\_\_

Do you have a disability or health problem that may require special assistance to help you pursue your course of study
successfully? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

Ethnicity: \*\*Biracial \_\_\_ \*\*African American \_\_\_ \*\* Latino \_\_\_ \*\*Native American / Alaskan Native \_\_\_ White

Asian \_\_\_ Other \*\*(Includes all individuals of Native American, African and Latin Descent)

I, \_\_\_\_\_, give the CSTEP office personnel permission to access my student transcript. I promise to contact
the program office Bi-weekly with updates on my academic progress. I also agree to participate in all aspects of CSTEP and continue for one(1) program
year before I can be considered for a research stipend.

Signature

Today's Date



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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 / Personnel Counseling (circle one)
\_\_\_\_\_ Career Counseling

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

- \_\_\_\_\_ A CSTEP Scholar (tutoring math or science) on campus
\_\_\_\_\_ A CSTEP Scholar (working at [ ] Curtis High School or [ ] Port Richmond High School)
\_\_\_\_\_ 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 1-11).

- \_\_\_\_\_ Personal Values: How They Effect 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 / Lab Report
\_\_\_\_\_ Time Management
\_\_\_\_\_ Developing Effective Study Strategies
\_\_\_\_\_ Dress for Success
\_\_\_\_\_ Other (explain) \_\_\_\_\_

All Workshops are Mandatory



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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 (CSI), from any liability that may arise from such use of my name, graduate program and/or likeness.

I am at least 18 years old.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)



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*FOR OFFICE USE ONLY*

D/O/E: \_\_\_\_\_ CREDITS COMPLETED: FALL \_\_\_\_ SPRG \_\_\_\_ SEM. CREDIT: FALL \_\_\_\_ SPRG \_\_\_\_

TRANSFER STUDENT: Yes \_\_\_ No \_\_\_ NAME OF INSTUTION: \_\_\_\_\_

FULL TIME: \_\_\_ TIME: \_\_\_\_\_ GPA: FALL \_\_\_\_ SPRG \_\_\_\_ MAJOR: \_\_\_\_\_

COMPLETED RESEARCH PROJECT: Y \_\_\_ N \_\_\_ DATE OF GRADUATION: \_\_\_\_\_

*COMMENTS: (FALL)*

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*COMMENTS: (SPRING)*

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Information verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director

\_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator