SUPPLEMENTARY APPLICATION FOR COLLEGE OF STATEN ISLAND STUDENTS TO THE TEACHER EDUCATION HONORS ACADEMY AT THE COLLEGE OF STATEN ISLAND

l) Email it (as an attachi or	nent) to <u>teacheracademy@csi.cuny.ed</u>	<u>u</u>
2) Mail to:		
Teacher Academy at the	College of Staten Island	
Room 1S-215		
College of Staten Island,	CUNY	
2800 Victory Blvd		
Staten Island, New York	10314	
Last name	First name	
Last name,	First name,	MI
	First name, #, City and State, Zip code	MI

Mailing address if different from	m above			
E-mail address	Best telephone number			_
Intended major (check one):	Biology,	Chemistry	Math,	Physics
Courses taken at College of S	taten Island:			
High school attended: (name a	and city)			

Last 4 digits of your Social	Security Nun	nber
*What is your current citize	enshin or imm	nigration status
•		
Citizen of the U.S.?	Yes	No. If no, what country?

No

Yes

U.S. permanent resident?

^{*}Citizenship status and alienage are used to determine eligibility for available financial aid programs.

Name			
A. List any summ high school and o		ecial program you par	ticipated in during
B. List any paid or	volunteer jobs you	have held during high so	chool or in college.
Employer Name	Type of Work	Employment Dates	Hours per Week
C. List any special school and collect		and honors or awards	received in high
	iteer activities in h	oorts, clubs, band, year high school and college earticipation	

Name	

Personal Statements

The Teacher Academy seeks students who are interested in teaching mathematics or science as a profession. Help us identify your experience and strengths in both teaching and in the subjects of mathematics and science by answering the questions below in the space allocated on this page and the next page. Your answers to these essays must be typed.

Essay 1. Meaningful Activity.

In 250 words or less, please describe one activity (extracurricular, personal or work-related) that has been most meaningful to you in terms of your intellectual and leadership development.

Name	

Essay 2. *Becoming a Teacher*

In 500 words or less, explain why you would like to be a teacher. Describe the moment you realized you wanted to become a teacher. Tell us what you would do differently from teachers you have known. Tell us what you would emulate from teachers who have inspired you.

ALL APPLICANTS MUST SIGN HERE

I understand that, with this application, I am applying to the CUNY Teacher Academy at College of Staten Island. I hereby certify that all the information in this application is accurate and complete. I realize that failure to file all requested information may affect my admission status. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only.

Applicant's Signature

Date (MM-DD-YYYY)

Send the completed supplementary application to:

Teacher Academy at the College of Staten Island Room 1S-215 College of Staten Island, CUNY 2800 Victory Blvd Staten Island, NY 10314

SEE NEXT TWO PAGES FOR RECOMMENDATION FORMS – at least one must be from a **math or science teacher**. Ask the teacher to give it to you in a sealed envelope so that you can send it to College of Staten Island with the rest of your Supplementary Application materials.

Supplementary Application for Current CSI Students To the Teacher Education Honors Academy at College of Staten Island

RECOMMENDATION FORM

To the Applicant: Please complete the top portion of this recommendation form and give it to your teacher for a recommendation. A recommendation printed on school stationary is also acceptable but must be attached to this form.

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby do do not waive my right to examine the contents of this reference form. I understand that by waiving my right I do so under the condition that the reference form is used solely for the purpose for which it is intended.

To the Teacher/Professor: This individual is applying for admission to the CUNY Teacher Academy at College of Staten Island. Your comments are important to the selection process. Please return the recommendation form to the applicant in a sealed envelope with your signature written on the sealed flap of the envelope.

Name (print)		
Signature		
Subject(s) taught		
Telephone	E-mail	
School		
Address		
How long have you known	his student?	
In what capacity have you k	nown this student?	
	u think this student would be an effective math	

write your recommendation on a separate sheet of paper (school stationary) and

attach this page as a cover sheet.

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Please comment on why you think this student would be an effective math or science educator in a New York City public middle school or high school. Please write your recommendation on a separate sheet of paper (school stationary) and

attach this page as a cover sheet.