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

Note: You must apply to CUNY for admission as a freshman. Go to www.cuny.edu and click on Admission. You will need to register for a CUNY Portal Username and Password in order to submit the online CUNY application. This is a regular CUNY admission application. In order to apply to the Teacher Academy at CSI, you must both apply to CUNY for admission to CSI and you must complete this supplementary application for the Teacher Academy at CSI.

You may download this supplementary application as a writable pdf, complete it, and either:

1) Email it (as an attachment) to <u>teacheracademy@mail.csi.cuny.edu</u> or

2. Mail to:

programs.

Dr. Jane Coffee Director of Teacher Academy at the College of Staten Island Department of Mathematics, 1S-215 College of Staten Island (CUNY) 2800 Victory Blvd

Staten Island, New York 10314

Deadline for Application is February 1

Last name,	First name,	MI		
Address – Street, Apt #, City	and State, Zip code	2)		
Mailing address if different fi	rom above – Street,	Apt#, City and St	ate, Zip code	;
E-mail address Best	telepho	ne number		
Intended major (check one): Biology,	Chemistry,	Math,	Physics
High school (name and city	y):			
Last 4 digits of your Social	Security Number	r		
*What is your current citiz Citizen of the U.S.? Ye				
Immigration status: U.S. permanent resident:	Yes No			
*Citizenship status and aliena	ge are used to dete	rmine your eligibi	lity for availa	able financial aid

Name			
A. Current Courses Indicate any honors	_	ling high school, list you chment courses.	r senior year courses.
B. List any summer in during high scho	_	ial programs (such as Co	ollege Now) you participated
C. List any paid or	volunteer jobs you	ı have held during high	school.
Employer Name	Type of Work	Employment Dates	Hours per Week
D. List any special (talents/interests an	nd honors or awards rec	eived in high school.
E. List extracurricu community/volunte		rts, clubs, band, yearboo h school.	ok, etc) and
Activity name	<u>Da</u>	ates of Participation	Offices Held

Name _.	
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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 Teacher Academy at the 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 (or type if submitting online)

Date (MM-DD-YYYY)

To ensure that your application is processed in a timely manner, please submit this application and your recommendations as soon as possible. The Teacher Academy can not process your application until all parts are received. A review of applications of entering freshmen will begin on February 1.

Submission:

- 1. Email your application (as an attachment) to teacheracademy@mail.csi.cuny.edu, or
- 2. Mail your application to:

Dr. Jane Coffee, Director of Teacher Academy at the College of Staten Island Department of Mathematics, 1S-215 College of Staten Island (CUNY) 2800 Victory Blvd Staten Island, New York 10314

SEE NEXT TWO PAGES FOR RECOMMENDATION FORMS

At least one of your two recommendations must be from a math or science teacher.

- 1. Print these forms and give them to your recommenders
- 2. Email a copy of these recommendation forms (as an attachment) to each of your recommenders.

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Names of your recommenders:

The City University of New York does not discriminate on the basis of age, sex, race, creed, color, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran's status.

Supplementary Application for Entering Freshmen The Teacher Education Honors Academy at the College of Staten Island

RECOMMENDATION FORM

Last Name	First Name	First Name		Middle	
Street Address and Apt. No).	City	State	Zip Code	
I am aware of the rights a 1974, as mended. I herel this reference form. I und reference form is used so	by do do no derstand that by waiving	t waive my ri g my right I d	ght to examine the co	he contents of	
Signature of applicant		-			
This student is applying Staten Island. Your com Please tell us in the attac science educator in a New	ments are important to hed letter why you thinl w York City public mid	the selection to this student	process. would be an effe	, c	
Name (print) Signat	ture				
Subject(s) taught					
Telephone		_ E-mail			
School					
Address					
How long have you know	wn this student?				
You may: 1. Return the recommendate applicant in a sealed envelopment. 2. Mail the recommendate Dr. Jane Coffee, Director Department of Mathematics 2800 Victory Blvd St.	elope, or tion on school stationery r of Teacher Academy a	y and this for at the College llege of State	m directly to:		

Supplementary Application for Entering Freshmen The Teacher Education Honors Academy at the College of Staten Island

RECOMMENDATION FORM

To the Applicant: Please complete the top portion of this form and give it to your teacher.					
Last Name	First Name		Middle		
Street Address and Apt. No.		City	State	Zip Code	
I am aware of the rights afford 1974, as mended. I hereby reference form. I understand to reference form is used solely	do do not that by waiving my ri	waive my r ght I do so	ight to examine under the condi-	the contents of this	
Signature of applicant		•			
Deadline for Application is	February 1				
This student is applying for ac College of Staten Island. You Please tell us in the attached I science educator in a New You Name (print)	ar comments are impeter why you think t	ortant to the	e selection proce would be an efforthigh school.	ess.	
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Subject(s) taught					
Telephone		E-mail			
School					
Address					
How long have you known th	is student?				
You may: 1. Return the recommendation applicant in a sealed envelope 2. Mail the recommendation of Dr. Jane Coffee, Director of Topartment of Mathematics, 2800 Victory Blvd Staten	e, or on school stationery a Teacher Academy at t	and this for the College ge of States	m directly to:	l	