SUPPLEMENTARY APPLICATION FOR TRANSFER STUDENTS TO THE TEACHER ACADEMY AT THE COLLEGE OF STATENISLAND

Note: You must apply to CUNY for admission. Go to <u>www.cuny.edu</u> and click on Admissions. You will need to register for a CUNY Portal Username and Password in order to submit the online CUNY application. That is a regular CUNY admissions application and you should list CSI as your first choice. 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.

Deadline for Application is February 1

Please print all information in blue or black ink except where a printed document is indicated.

Last name,	First	name,	MI		
Address – Stre	eet, Apt #, City and	State, Zip code)		
Mailing addres	s if different from a	above			
E-mail address	3	Best tel	ephone num	iber	
Intended majo	r (check one):l	Biology,Ch	emistry,	_Math,	_Physics
Current Colleg	e:				
Courses taken	at your current co	llege:			
High school at	tended: (name and	l city)			
Last 4 digits of	your Social Security	Number			
Citizen of the U.S.	rrent citizenship or im S.?YesNo. Is: U.S. permanen	If no, what country	y?No		-

*Citizenship status and alienage are used to determine your eligibility for available financial aid.

Name

A. List any summer institutes or special program you participated in during high school and currently					
B. List any paid or	volunteer jobs vou	have held during high so	chool or in college.		
Employer Name			-		
C. List any specia school and collec		s and honors or awards	received in high		
	nteer activities in h	oorts, clubs, band, year high school and college Participation (

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 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

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 Transfer Students To the Teacher 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.

Postmark deadline is February 1 for submission of a completed Teacher Academy application that includes the online CUNY Transfer Application, college transcript, SAT or ACT scores, and application fee and the Teacher Academy at College of Staten Island Supplementary Application that includes the letters of recommendation, the two essays, and the supplementary questionnaire

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby <u>do</u> 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 Teacher Academy at College of Staten Island. Your comments are important in 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 this student?				
In what capacity have you known this student?				

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.

Supplementary Application for Transfer Students To the Teacher Academy at College of Staten Island

RECOMMENDATION FORM

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

Postmark deadline is February 1 for submission of a completed Teacher Academy application that includes the online CUNY Transfer Application, college transcript, and application fee and the Teacher Academy at College of Staten Island Supplementary Application that includes the letters of recommendation, the two essays, and the supplementary questionnaire.

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby <u>do</u> 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 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			
	E-mail		
School			
Address			
How long have you known this student?			
In what capacity have you known this student?			

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.