Verrazano Response Form For Newly Accepted Current CSI Students and Transfer Students

Please complete and return this form immediately to let us know whether or not you are accepting your seat in The Verrazano School Honors Program at the College of Staten Island.

Name:				
Last		First	Middle	
Please check one:				
I accept The Verra	zano School Ho	onors Program's offer o	of admission.	
I do not accept The	e Verrazano Sch	hool Honors Program's	s offer of admission.	
If you choose to accept you	r seat with The	e Verrazano School at t	the College of Staten Island, please	
complete the following sect	tion along with	the Verrazano New S	tudent Survey form and return these	to
The Verrazano School in 1A	-304.			
Cell #:	H	ome #:		
CIX Email Address:				
(All email communication w	ill be through y	our CSI email.)		
12:00-5:00 pm. This include: fellow Verrazano students. I the atrium of 1P. If you are u I will be attending the Ve I understand that, if accepti	s a free lunch a t is a fun day, a unable to atten rrazano Friday, ng The Verraza	and teambuilding activited and we look forward to and this event, please let August 21st. My waive ano School's offer of ad	er forms are included.	
distinction. I understand th Orientation in September ar	at I am require nd attend all m acknowledge m	ed by The Verrazano Sch landatory workshops in ny understanding that I	l graduate with the Verrazano hool to attend the Verrazano n order to be part of The Verrazano I must maintain good standing in orde	!r
Signature:			Date:	
Form must be returned imm	nediately to:			

Form must be returned immediately to: College of Staten Island/CUNY The Verrazano School, 1A-304 2800 Victory Boulevard Staten Island, NY 10314

The Verrazano School Honors Program New Student Survey

First Name:	Last Name:
EMPLID:	
Minor(s):	
We'd like to get to kno interests and goals	ow you! By filling out this form, you'll help us get a better understanding of your
	n college student (My parents did not complete Bachelor's degrees. Older , etc. do not affect this status). \Box Yes \Box No
	hope to (please check any that apply):
	where might you want to go?)
	professor (If you're already doing research, please list the type of research and you
Get involved in Stud	
Seek out Leadership	Opportunities
Participate in an int	ernship (you should <u>definitely</u> plan to do at least one!) ization on campus (you can visit the Student life website to learn about club
	ind of club(s) do you hope to join? If you have already joined clubs, please indicate
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community service wo	re required to participate in community service each year. What type of buld you like to be involved in as a Verrazano student? (You can visit the ction of the Verrazano website for an overview and guidelines.)
This summer I am (wo	rking, taking a class, researching, studying abroad – be as specific as possible!):
When I'm not in class,	some of my favorite things to do include
My goals for the next	few years before graduation include:
After graduation I hop	e to:
Please indicate any gra	aduate school interests or plans you have at this time:
Medical School	Physical Therapy PhD
Law School	Veterinary Medicine Occupational Therapy
Dental School	Pharmacy School Optometry School
Other:	

Is there anything else you'd like us to know?