

ONONDAGA COMMUNITY COLLEGE

2017 CSTEP/LSAMP SUMMER PROGRAM



May 22 - June 30, 2017



DEMOGRAPHIC DATA

Applicant Name

Student ID Number

First Name input field

Middle Initial input field

Last Name input field

First Name

Middle Initial

Last Name

Gender Male Female checkboxes

Are you a U.S. citizen? Yes No checkboxes

Are you a New York State resident? Yes No checkboxes and months field

Please indicate your race/ethnicity checkboxes: Asian, Hispanic/Latino, White (Non-Hispanic), Black (Non-Hispanic), Native American, Not Listed

Address

Street Number input field

Street Name input field

Apartment # input field

Street Number

Street Name

Apartment #

City input field

State input field

Zip Code input field

City

State

Zip Code

Phone Numbers

Cell Phone Number input field

Emergency Phone Number input field

Cell Phone Number

Emergency Phone Number

Email Address

Email Address input field

Course Selection

Please indicate your first choice. In the event that course is full and you are accepted into the Program, we will offer you a space in the other course.

MAT-161 (Calculus I) checkbox

CHE-171 (Chemistry I)/CHE-171L (Chemistry I Lab) checkbox

MAT-162 (Calculus II) checkbox

ACADEMIC INFORMATION

School Name: Degree Program:

Are you currently a CSTEP/LSAMP Student? Yes No checkboxes

Cumulative GPA: Anticipated Graduation Date (Month/Year):

Do you intend to pursue a baccalaureate degree? Yes No Undecided checkboxes

If yes, in what field?

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Application Due Date: May 5, 2017

1. Did you complete the transfer credit permission form with your institution?

Yes  No

2. Do you need assistance in completing/verifying this process?

Yes  No

3. Will you need assistance with housing?

Yes  No

Note: Housing may be available through OCC at a weekly rate.

4. Did you include a copy of a transcript from all institutions attended?

Yes  No

All Applicants Must Sign Below

I hereby formally apply to the 2017 CSTEP/LSAMP Summer Program at Onondaga Community College. I give permission for other offices at OCC to release any information necessary including but not limited to grades, academic standing, financial aid, etc., for consideration of this application and for the duration of my involvement in the 2017 CSTEP/LSAMP Summer Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Final Recommendation - FOR OFFICE USE ONLY

ACCEPTED  REJECTED

Completed MAT-143 Notes: \_\_\_\_\_

Term: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Completed MAT-161 \_\_\_\_\_

Term: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_