(OFFICE USE ONLY) Date of Entry_____

COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)

Submit completed application to:

Arlene Jackson, College Assistant Dean
Suffolk County Community College
Office for Continuing Education
30 Greene Avenue - Sayville Center
Sayville, NY 11782

Non-Discrimination Notice: Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, see: www.sunysuffolk.edu/nondiscrimination. The following person has been designated to handle inquiries regarding the College's non-discrimination policies: **Civil Rights Compliance Officer Christina Vargas**, Chief Diversity Officer / Title IX Coordinator, Ammerman Campus, NFL Bldg. Suite 230, 533 College Road, Selden, NY 11784, vargasc@sunysuffolk.edu, (631) 451-4950. Contact Public Safety at any time 24 hours a day / 7 days a week at (631) 451-4242 or 311 from any College phone. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov. All campus crime statistics are available on the College website at www.sunysufolk.edu/Safety. Suffolk County Community College is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal opportunity and non-discrimination in employment, education, access to services, programs, and activities, including career and technical education opportunities. A copy of the postsecondary career and technical education courses offered by the College is available and may be obtained on our website at: www.sunysuffolk.edu/explore-academics/college-catalog or by calling the Office of Admissions at 631-451-4000 to request a mailing.

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this application will be used by SCCC to evaluate your request for registration and will be incorporated into your records if/when you enroll. Failure to provide any required information could prevent your application from being processed. The authority to collect this information is found in Section 355(2)(h) of the Education Law. This application will be maintained in the Office for Continuing Education. The official responsible for the maintenance of this information is Arlene Jackson, Sayville Center, 30 Greene Avenue, Sayville, NY 11782

Date_____ Student's Name_____

Mailing Address_____
No. & Street Town/City State & Zip

E-mail Address_____ Daytime telephone number _____

Date of Birth_____/_____/_____ New York State Resident? ___Yes ___ No

High School/District_____

U.S. Citizen? ___Yes __ No If not, indicate your status_____*
*Some internships require U.S. citizenship. However, CSTEP is open to residents of New York State.

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons? ___Yes ___No

Parent/Guardian Name_____

Parent/Guardian Address_____
No. & Street Town/City State & Zip

Are you a "first-generation college student" (a student whose parent(s)/legal guardians(s) have not completed a bachelor's degree?) _____Yes _____No

Indicate other Opportunity Program enrollment: ____EOP ___College Discovery ___SEEK ___HEOP

Gender (This data is required to apply, but your response does not affect your admission): ☐ Male ☐ Female

ETHNICITY, RACE

To be eligible for CSTEP support, a student must be a resident of New York who is <u>either</u> economically disadvantaged <u>or</u> from a minority group historically underrepresented (Black, Hispanic, American Indian or Alaskan native) in the scientific, technical or licensed professions, and who demonstrates interest in and a potential for a professional career if provided special services.

Are you Hispanic/Latino? ☐ Yes ☐ No

If Hispanic or Latino, please indicate your ethnicity (select one): ☐ Cuban ☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ South Americ ☐ Central American ☐ Other Hispanic/Latino

Please indicate your race (select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

COUNTRY OF BIRTH (This question is for statistical purposes only. Your response is optional and does not affect your admission. You will be given another opportunity to provide this information after enrollment if you wish to do so.)

Please identify your Country of Birth (if other than USA): _____

MAJOR/CAREER GOAL

Please indicate your:

1. Major_____
2. Career goal/field_____
3. GPA_____
4. Provide the year you matriculated full time at your **<u>first</u>** institution of higher education _____
5. If you are a transfer student, please provide the name of the institution from which you most recently transferred and if you were a CSTEP student at that institution._____

RELEASE/AUTHORIZATION

I hereby authorize Suffolk County Community College to release to the SCCC Collegiate Science and Technology Entry Program the transcript that will be useful in determining the eligibility of the applicant. I also authorize release of my son/daughter's name and address.

_____ _____

Parent/Guardian Signature Date

AGREEMENT TO FULLY PARTICIPATE IN CSTEP

I, _____, agree to fully participate in the Collegiate Science and Technology Entry

Program (CSTEP) at **Suffolk County Community College.**

_____ _____

Signature **Date**

Authorization and Release For Use of Name, Voice and Likeness

I, _____, hereby grant Suffolk County Community College ("the College") irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as "Works") for the following proposes: 1). Teaching; 2). Admissions applications; 3). Professional journals and papers; 4). Institutional publicity and public relations; 5). Archival purposes; and 6). Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likeness of me.

I agree that the College does not owe me any compensation for the acts consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

_____ _____

Signature Date

_____

Printed Name

_____

(Signature of legal guardian is needed if subject is under age 18)

_____ _____

Printed Name of Legal Guardian Date

_____

SCCC Student ID#