



TEL: (212) 342-6110, ext. 2203
(212) 342-6110, ext. 2224
E-MAIL: stem@ccny.cuny.edu
d.martinez@ccny.cuny.edu

STEM INSTITUTE
The City College of New York
THE CITY UNIVERSITY OF NEW YORK
Convent Avenue and 140th Street, Room T-2M11
New York, NY 10031

STEM Institute 2019-2020 **SATURDAY PROGRAM** Application - Deadline: **Sept. 18, 2019**

Please visit our website for more information: www.steminstitutenyc.org

STUDENT INFORMATION

Name: _____ Sex: F M
(Last Name) (First Name)

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Student ID # (OSIS #): _____ Student Cell Phone #: _____

Student's email address: _____
(Please print)

Date of Birth: _____ Primary Language: _____

Ethnicity: Black Non-Hispanic Hispanic White Non-Hispanic American Indian
 Asian-Pacific Islander Other (Please specify): _____

Have you attended a STEM Institute program before? No Yes, If Yes, When: _____

Do you live or attend school in Northern Manhattan? No Yes

PARENT INFORMATION

Parent/Guardian's Name: _____ Occupation: _____

Phone #: _____ Email Address: _____

How did you hear about us: _____

EDUCATION INFORMATION

Current Grade: 9 10 11 12 When Entered 9th Grade: _____ Expected Graduation: _____

HS Avg.: _____ Math Avg.: _____ SAT Scores: Math: _____ Verbal: _____

ACT Score(s): Math _____ Reading: _____ English: _____ Chemistry: _____ Phys: _____

****ACT Score(s) are optional**

Household size? _____ School DBN: _____ School Tel: _____

School Name: _____ Counselor Name: _____

Counselor's email: _____

School Address: _____ City: _____ State: _____ Zip: _____



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ABOUT THE PROGRAM

Our Saturday Program will be offered on Saturdays at The City College of New York campus from **September 21, 2019** through **December 14, 2019**. The program will run from 9:00 am to 1:00 pm, with the first three hours of class dedicated to course instruction by CCNY professors and the last hour dedicated to homework assistance and tutoring from TAs.

Students will have the option of signing up for any one of twelve available courses. Please note that while students will select a course of their choice, they will be required to take a math placement exam. Final course placement will be based on students' entry exam results. ****Available courses are contingent on enrollment.****

This year's available course offerings are:

Algebra I	Geometry	Algebra II/Trigonometry	Pre-Calculus
Living Environment	Earth Science	Chemistry	Physics
Entrepreneurship	Logic & Digital Circuits	Engineering 101	Programming & Controller Interface

Please write your course selection below:

1. _____

(See Next Page)



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Official Transcript Request

Students: Please ask your parent/guardian to fill out this form, and then deliver it to your school counselor. Your transcript can be emailed to us at stem@ccny.cuny.edu. Please include the subject as **Student Name's + Transcript**.

Thank you.

Dear School Counselor,

My son/daughter _____ needs to submit an official transcript to the CCNY STEM Institute.

Would you please arrange to provide him/her with the official transcript or send an electronic version directly to the above address? Thank you.

Sincerely,

Signature of Parent/Guardian

Date

Parental Permission

Students: Please have your parents fill out this form, and return it to your high school counselor. They can email it to us at stem@ccny.cuny.edu.

Dear Counselor,

I consent to my son/daughter _____ attending the CCNY STEM Institute's 2019-2020 [Saturday Program](#) located at The City College of New York campus.

Sincerely,

Signature of Parent/Guardian

Date

(See next page)



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Office of Communications and Media Relations
52 Chambers Street, New York, NY 10007
Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____ The STEM Institute _____.

I also grant to _____ The STEM Institute _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____