

Collegiate Science & Technology Entry Program (CSTEP)
SUNY Potsdam • 206 Sisson Hall • Phone: (315)-267-2622
2017-2018 CSTEP Application Form



Last Name:		First Name:		Middle Initial:	
P#		Barrington#		Date of Birth:	
Preferred Phone:			Preferred E-mail:		
Home Address (Number, Street)			City		State
					Zip Code
Gender Identification:		<input type="checkbox"/> Female	<input type="checkbox"/> Male	Self Identify:	
New York State Resident:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ethnicity:					
<input type="checkbox"/> Black/African-American		<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
Current Major(s):			Academic Advisor:		
Degree Type: <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Master of Science <input type="checkbox"/> Master of Arts					
Intended Career:					
Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior					
Academic Standing: <input type="checkbox"/> President's List <input type="checkbox"/> Dean's List <input type="checkbox"/> Acceptable <input type="checkbox"/> Warning <input type="checkbox"/> Incomplete					
Anticipated Graduation Month/Year:					
Credits Completed:			Current Cumulative GPA:		
For Transfer Students - Most recent college attended:					
Degree and/or Major at the previous college:					
Year First Entered College Full-Time:			1 st Generation College Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>"A first-generation college student is defined as a student whose parent(s)/legal guardian(s) have not completed a bachelor's degree".</i>					
Are you currently enrolled in the Educational Opportunity Program (EOP)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you transferred, were you involved in CSTEP at your previous institution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
Were you involved with a STEP program in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
<i>Certification: I agree to fully participate in CSTEP at SUNY Potsdam. I also agree to allow the program to use photographs and video of me engaged in CSTEP activities in their publications and website. I authorize CSTEP to share information about me in mandated reports to the NYS Education Department.</i>					
Student's Name (Print):					
Student's Signature:			Date:		
<u>Please submit completed application form with an up-to-date résumé.</u>					

FOR OFFICE USE ONLY:
<i>CSTEP Project Director's Signature:</i> _____
<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i> <input type="checkbox"/> <i>Provisional Membership</i> <input type="checkbox"/> <i>Wait List</i>