

**SPRING
2021**

 New Student
 Returning Student

Student COLLEGE ID# _____

Today's Date		Date of Birth (MM/DD/YYYY)	
Student's Name (First)		(M.I.)	(Last)
Student OSIS (Required)		Student SSN (Required)*	
Street Address + Apt #		City	State Zip Code
Home Phone #		Student Cell Phone #	
Email Address: <i>(Please print clearly)</i>		Gender: __Female __Trans __Nonconf __Male __Not listed __Unspec	
Name of High School		Current Grade Level on Transcript: <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
Counselor Name	Counselor Phone #:	Counselor Email Address:	

*** SSN must be provided; if undocumented and not assigned a Social Security Number, write N/A. For questions or concerns, please speak with Guidance Counselor/College Advisor/College Now Office.**

PLEASE DO NOT EMAIL SSN IN THE BODY OF YOUR EMAIL

List previous College Now courses, semester and grade (*must include courses taken at other campuses as well*):

	<u>COURSE</u>	<u>SEMESTER</u>	<u>GRADE</u>
1.			
2.			
3.			

COURSE CHOICES: Review Course Requirements (below) and CN Course Descriptions (page 3).

Please indicate your **FIRST (3) three course choices, in order of preference**. If you do not have a 2nd or 3rd choice, leave this option blank. *Every effort* will be made to place students in their first choice course, but this *cannot be guaranteed*.

1st Choice Course Name _____

2nd Choice Course Name _____

3rd Choice Course Name _____

CONSENT FORM



Student Name: _____

High School: _____

Current Grade: _____

I, _____, certify that I am the parent/guardian of the student named above and
Print Name of Parent/Guardian

I am aware that he/she is participating in the City University of New York (CUNY) College Now Program which is an instructional activities program taking place at Medgar Evers College (MEC), located at 1650 Bedford Avenue, Brooklyn, New York 11225. I am aware that my child's course(s) will take place once/ twice a week, after school. If the course takes place on MEC campus, I understand that my child may travel to the college site by various forms of public and private transportation. I understand that some courses may require field trips. I also understand that there may be risks involved in my child's departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.

* I give permission for The City of New York (CUNY) to use my child's image or photograph, name, high school affiliation; and/or written and /or recorded oral statements made in or about College Now, solely for the purposes of increasing awareness of the College Now program for other city students through CUNY's non-commercial purposes, including promotion of the College Now program and use on CUNY-TV and cuny.edu, in any manner of media, now and in the future, throughout the world.

Print Name of Parent/Guardian **Signature of Parent/Guardian** **Date:** _____

Parent Email Address: _____

Cell: _____ **Work:** _____

In case of an emergency, please provide two (2) contact persons over the age of 18 with valid phone numbers: Information should be PRINTED.

1. Name: _____ **Phone:** _____

2. Name: _____ **Phone:** _____

If student is over the age of 18, they may sign this application; parental consent/signature not required.

Student Signature: _____ **Date:** _____