

**Collegiate Science and Technology Entry Program (CSTEP)/
Careers in Science, Technology Engineering and Mathematics Program (CSTEM)**

Application for Entry – AY 2023-2024

Student Name: _____ Student Identification Number: _____

Date of birth (MM/DD/YYYY): _____ Class Level: FR SO JR SR GRAD

Gender: Male Female Non-binary (We invite you to provide this information for us to ensure we are reaching students of various identities and demographics. This information is used internally by our staff and is included in our reports to the New York State Education Department.)

Race/Ethnicity (check all that apply):

- Black/African American Asian/Pacific Islander Hispanic/Latino
 Native American/Alaskan Native White Other _____

- *Black or African American. A person having origins in any of the Black racial groups of Africa.*
- *American Indian and Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.*
- *Hispanics or Latinos are those people whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.*

Are you a first-generation college student? Yes No

Major/Minor or Intended STEM Career Field (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Speech/Language Pathology | <input type="checkbox"/> Athletic Training |
| <input type="checkbox"/> Law | <input type="checkbox"/> Computer Information Systems | <input type="checkbox"/> Computer Science |
| <input type="checkbox"/> Health Professions | <input type="checkbox"/> Education (Math & Science only) | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Biology, Chemistry or other Natural Science | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medicine* | <input type="checkbox"/> Occupational or Physical Therapy | <input type="checkbox"/> Audiology |

*If medicine, what type (e.g., allopathic, osteopathic, veterinary, podiatric, chiropractic, dentistry, optometry, or other _____)?

Are you intending to pursue New York State Licensed Professions? See <http://www.op.nysed.gov/prof/>

If yes, please list _____

Mobile/Cellular Number: _____

Ithaca College Email Address: _____

New York State resident? Yes No

• Permanent Home Address: _____

Are you a Permanent Resident Alien? Yes No

• If yes, what is your registration number? : _____

• What is your country of birth? _____

High school attended/city: _____

Have you ever participated in the following programs? STEP LPP P-Tech Smart Scholars Early College HS

Do you participate in any other IC programs (check all that apply)? ESP HEOP IAP MLK Other _____

I, _____, agree to fully participate in the CSTEP/M Program at Ithaca College, if accepted. If I am applying based on my financial eligibility, I agree to provide the appropriate documentation as requested.

Participant's signature

Date

FOR OFFICE USE ONLY: Eligibility Classification: _____

CSTEP CSTEM Not accepted

Reason for rejection _____

CSTEP Coordinator/Director's Signature _____

Date _____