Dear Student,

Thank you for your interest in the College Experience at Baruch College. To enroll in the summer program, you must be a rising junior or a rising senior in a NYC public high school in the fall of 2011 and demonstrate that you meet the criteria listed below. Please review the eligibility requirements before submitting your application.

- At least a 480 on the Verbal section of the SAT or at least a 75 on the English Language Arts Regents or at least a 50 on the Verbal section of the PSAT
- At least a 480 on the Mathematics section of the SAT or at least a 75 on the Mathematics A Regents Exam or the Sequential II Regents or at least a 50 on the Math section of the PSAT
- Students who use their PSAT scores for admissions criteria must have an overall high school GPA of 85.

High school transcripts (including your fall 2010 grades) and PSAT/SAT scores must be submitted with your application. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. The Liberal Arts Institute consists of a college course, lunch, and a mandatory project based afternoon workshop. To participate in the program, you must commit to attending the full day program, not just the college course. Students who have prior summer commitments (i.e. employment, traveling, and summer school) are encouraged NOT TO APPLY. Metrocards, textbooks, and lunch vouchers will be provided.

Please note the all acceptances are conditional and a seat for the summer program is secured once the student attends the mandatory orientation and his/her immunization records are complete. Orientation will be held at Baruch College, 55 Lexington Avenue, between 24th and 25th Streets, date and room location TBA.

If you or your parents have any questions, please contact us at 646.312.4295 or collegenow@baruch.cuny.edu. We look forward to seeing you at Baruch College!

Sincerely,

Tony Davis
Director of College Now
and Collaborative Programs

Applications are due April 22, 2011 and will be reviewed on a first come-first serve basis!

Mail all application materials to
Baruch College
College Now
55 Lexington Avenue, B5-237
New York, NY 10010
Course Descriptions

*All classes will meet 9:30am – 11:30am and all workshops will meet from 12:30 – 2:30pm
* Please note that college credit completion will be based on mandatory attendance in afternoon workshop.

BUS 1000: Introduction to Business (Entrepreneurship Focus), 3 credits
Students are given an overview of the study of business early in their college studies so that they can decide which field to major in and how the world of business works. The class is broken in four distinct parts - finance, marketing, management and an introductory section that covers ethics, global business and economics. Each of these parts covers the basic concepts found in one of the areas a student might select as a major. Each section also covers the current issues in today’s business world. These are the kinds of topics likely to be encountered in the current business press. Lectures are supplemented with real world case histories designed to highlight a specific topical, and often controversial, issue.

BUS 1000 Afternoon Workshop: “The Business of Planning” Students will apply principles of the morning course to create a business plan. By the completion of the course students will be able to describe their business, including its products, its markets, the people involved and their financing needs.

BUS 1000: Introduction to Business (Marketing focus), 3 credits
Students are given an overview of the study of business early in their college studies so that they can decide which field to major in and how the world of business works. The class is broken in four distinct parts - finance, marketing, management and an introductory section that covers ethics, global business and economics. Each of these parts covers the basic concepts found in one of the areas a student might select as a major. Each section also covers the current issues in today’s business world. These are the kinds of topics likely to be encountered in the current business press. Lectures are supplemented with real world case histories designed to highlight a specific topical, and often controversial, issue.

BUS 1000 Afternoon Workshop: “Cornering the Market” Students will apply principles of the morning course to study an industry in the “Inverted Pyramid” form and its top two competitors therein. By the completion of the course students will create a competitive strategy supported by a marketing message and creative integrated marketing campaign (ads, PR, sales and promotion).

COM 1010: Speech Communication, 3 credits
This course provides training and practice in the preparation and delivery of original speeches; encourages the use of clear, easy and unaffected American English; and cultivates the student's sensitivity to the intellectual and ethical aspects of communication.

COM 1010 Afternoon Workshop: “The Great Debaters” Students will learn techniques in Cross-examination or policy style debating. Combining a focus on technical refutation with a commitment to rigorous research standards, policy debate encourages a rhetorical methodology which transcends traditional debate styles. As an activity, policy debate pins teams of two against each other and puts
participants in the position where they must work together. The primary goal in offering debate as a supplemental workshop to Speech Communications would be to train students to identify, deploy and refute good argumentation and to acquaint them with the rigors of comprehensive academic research.

**JOU 3050: Journalistic Writing, 3 credits**
This course is designed to teach students the fundamentals of journalism - reporting, researching, and writing news and feature articles, with a focus on fairness, accuracy, balance, and thoroughness. Students will cover stories on a range of topics, most of which will be culled from their own communities. Assignments are designed to give students an introduction to reporting on both individuals and institutions. Interviewing techniques, database research, and writing style will be developed during the semester.

**JOU 3050 Afternoon Workshop: “Here and Now”** Students will apply principles from the morning course to create an online newspaper. Students will learn about the role of the press in society, how the media has evolved and what are the rights and responsibilities of the audience. The workshop will include visits from Journalists and field trips to various media outlets.

**PSY 1001: General Psychology, 4 credits**
This course introduces students to the scientific study of human behavior. It covers the basic psychological processes of thinking, motivation, perception, learning and the significance of the brain in mediating these processes. It examines the normal personality, how it develops and how it functions in a social context. Psychological disorders are also discussed.

**PSY 1001 Afternoon Workshop: “Get Psyched”** Students will apply principles of the morning course to examine to broad range of topics in the field of Psychology. The “Six Module” method of incorporating organizational, neuro, cognitive, cultural and social and abnormal psychology will be emphasized in one week modules for the duration of the program. Activities involve games, data collection, analysis exercises, research, and a museum field trip. The ultimate learning goal is to familiarize the students with a broad range of choices and career possibilities in the field of Psychology.
Baruch College Now
Summer 2011 Course Selection Form

First Name: _________________________ Last Name: ___________________________ High School: _______________________________________

Email: ___________________________ Phone: _______________________________ Cell Phone: ___________________________

Grade in September 2011: ______

English Regents Grade _______ PSAT Critical Reading _______ SAT Critical Reading _______

Math A/Sequential II Regents Grade _______ PSAT Math _______ SAT Math _______

________________________________________________________________________________________________________________________

Please select 3 classes in order of preference: (1=first choice, 2=second choice, 3=third choice) Applications with less than 3 choices will not be processed. Students are accepted and placed into their course choices on a first come, first serve basis. Please note that accepted students officially confirm their seats in the program by attendance at the mandatory orientation in mid-June; an accepted student will forfeit his/her seat if he/she is not present at orientation on that date.

BUS 1000 (Entrepreneurship Focus) _____ BUS 1000 (Marketing Focus) _____

COM 1010_______ JOU 3050_______ PSY 1001_______

Application Checklist
- College Now Summer 2011 Course Selection Form
- College Now Student Application/Registration Form
- Baruch College Undergraduate Nondegree Student Application Form A2
- Baruch College Immunization Record (pages 7 and 8) - Please see page 10 for an example of a properly completed form.
- High School Transcript (including fall 2010 grades and indicating Regents scores)
- Proof of PSAT/SAT Score
- Parent/Guardian Consent Form
College Now

Note: If you do not wish to give your Social Security Number, please leave the field empty.
If you do give your Social Security Number, it will not be released to outside parties other than CUNY and NYC Dept. of Education.

To be completed by Student

Student OSIS ______________________  Social Security __________________________

Last Name ___________________________  First Name ___________________________

Street Address ___________________________  Apt. # __________________

City ___________________________  State ______  ZIP _____  Home Phone ___________________________

Date of Birth (mm/dd/yy) ________  Sex (M or F) ______  Race ______

/ / /  Black/Non-Hispanic  Asian or Pacific Islander

White/Non-Hispanic  Hispanic  Other

Country of Origin ___________________________  Native Language ___________________________

Year entered 9th Grade (yyyy) __________  Semester entered 9th Grade ______

Spring (Jan. - Jun.)

To be completed by 'College Now' staff

HS ETS Code  High School Name

33 -

Semester  CUNY College

Summer 2011  Baruch College

College Now Activity Type  if course is a non-credit course, enter 0.0 for 'number of credits'

1 X College Course...........  Catalog Course Number

Use this line if the student is taking a second 'College NOW' course this semester

Number of Credits  3.0

2 College Course...........  Catalog Course Number

Number of Credits

3  Check one box only  One High School Credit Course  Two High School Credit Courses  Three High School Credit Courses

4 Other College Now Course or Workshop (not checked elsewhere)

College Now Contact Name:  Tony Davis  Phone: (646) 312-4295
UNDERGRADUATE NONDEGREE STUDENT APPLICATION FORM A2

Application for: Summer 2011  Application for: Non-degree (students who do not have a bachelors degree)

Social Security number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___  Date of Birth: __________________________

Mr. □ Ms. □  __________________________________________________________________________

LAST FIRST MI

Street Address: _______________________________________________________________Apt. No.: __________

City: ___________________________  State: ___________________________  Zip: ___________________________

Length of time at the above address ___________________________

Years/Months

Length of time in NYC ___________________________ in NYS ___________________________

Years/Months Years/Months

Telephone: Day – (______) ______________________  Evening – (______) ______________________

Email Address: ______________________________________________________________

High School: ___________________________

Are you a U.S. Citizen?  □ YES  □ NO

If no, state the Country of Birth: ___________________________  Country of Citizenship: ___________________________

Immigration Status:

□ U.S. Permanent Resident: _____________________________________________________________

Alien Registration Card#  Date Issued  Expiration Date

□ Other: __________________________________________________________

Please Specify Type of visa

I hereby certify that the statements on this application and all the supporting documents are true. I realize that fraudulent information may affect my status at Baruch College.

______________________________  _______________________
Signature  Date
Baruch College
Medical Records Unit

IMMUNIZATION RECORD

Proof of Immunization is required prior to registration. Please be sure to complete both sides of the form and return it to the Undergraduate Admissions Office, Room 720.

Part I: To be Completed by the Student

Last Name: ___________________________   First Name: ____________________________

Date of Birth: ________   Social Security#: _____-____-____

Month Day Year

Day Phone: (_____) _____-______

Address: ______________________________________________________________________________

Street

City State Zip

Part II: To be Completed and Signed by Student or Parent/Guardian for Student under the age of 18

MENINGOCOCCAL MENINGITIS: Please review the attached information regarding the meningococcal disease.

CHECK ONE (1) BOX ONLY, THEN SIGN BELOW:

☐ Had the Meningococcal Meningitis Immunization (Menumone) within the past 10 years.
   Date Received: ______________
   Month/Year
   (Note: The Vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3 – 5 years)

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signature __________________________________________________

Date ___________________

Parent/Guardian if student is under the age of 18)

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring institutions, including colleges and universities, to distribute information about Meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law became effective on August 15, 2003 (prior to the Fall 2003 semester).

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults, 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States (types A, C, Y and W-135). These types account for nearly two thirds of meningitis cases among college students. To learn more about meningitis and the vaccine, please consult your (child's) physician. You can also refer to the following websites: The New York State Department of Health www.health.state.ny.us; The center for Disease Control and Prevention www.cdc.gov/ncidod/dbmd/diseaseinfo; or The American College Health Association www.acha.org.
If you can provide a copy of your MMR immunizations from your high school, a Health Care Provider does not have to complete Part III.

**Part III. To be Completed and Signed by a Health Care Provider.**

Health Care Provider or School Nurse **MUST stamp the form with their personal stamp (a high school stamp will not be accepted).**

The New York State Department of Health has recommended that if a second dose of measles vaccine is needed, a combined MMR vaccination be given to ensure additional protection against rubella and mumps. The following are requirements based on N.Y.S. Immunization Law

Check appropriate statement:

A. MMR (Measles, Mumps, Rubella) if given as a combined dose instead of individual immunizations.
   --1. Does 1 – Immunized after 1972 (and after 12 months of age) ……………………………. ____/____/____
   --2. Dose 2 – 30 days or more after Dose 1 (and after 15 months of age) …………………… ___/___/___

B. Measles (Rubella)
   --1. Has report of immune titer. Copy of laboratory report must be included …………………. ___/___/___
   --2. Dose 1 – immunized with live measles vac. After 1/1/68 (and after 12 months of age) ……. ___/___/___

C. Rubella
   --1. Has report of immune titer. Copy of laboratory report must be included …………………. ___/___/___
   --2. Immunized with live vaccine after 1/1/69 (and after 12 months of age) ………………… ___/___/___

D. Mumps
   --1. Has report of immune titer. Copy of laboratory report must be included …………………. ___/___/___
   --2. Immunized with live vaccine after 1/1/69 (and after 12 months of age) ………………… ___/___/___

(NEW: The New York State Board of Health does not accept a Doctor’s diagnosis for the Measles, Mumps, and Rubella (MMR). All students must provide exact dates of receiving the MMR vaccines or a copy of the immune titer).

E. Medical Waiver
   
   If one or more required immunizations may be detrimental to the student’s health or is otherwise medically contraindicated, the vaccination requirement shall be waived until such immunization is determined no longer detrimental to the student’s health or otherwise medically contraindicated. A physician, physician’s assistant or nurse practitioners written statement must be attached that specifies those immunizations that may be detrimental and the length of time that they are detrimental. The written statement must be submitted with a medical exemption form

F. Religious Exemption
   
   A summary of the religious beliefs, which prohibit immunization. This statement must describe the beliefs in sufficient detail to allow a determination that (a) the beliefs are religious in nature (not philosophical) and (b) the beliefs are genuinely and sincerely held.

<table>
<thead>
<tr>
<th>Health Care Provider (Physician or other)</th>
<th>Provider’s Stamp and Signature Are Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>Signature</td>
<td>Telephone # (_____) _____ - ___________</td>
</tr>
</tbody>
</table>
I am aware that ____________________________ is participating in
(print name of student)
the City University of New York College Now program and that the instructional activities
will take place at Baruch College, which is located at 55 Lexington Avenue, New York, NY 10010. The program will
take place on **Monday – Thursday, 9:30 am – 2:30 pm from July 5 to August 11, 2011**.

I understand that my child may travel to the college site and to field trips by various forms of public and private
transportation. I 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.

To help increase awareness of College Now for other city students, I give
permission for The City University 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 CUNY’s non-commercial purposes, including promotion of the
College Now program and use on CUNY TV and cuny.edu, in any manner or
media, now and in the future, throughout the world.

Yes [ ] No [ ]

__________________________  ____________________________
Signature of parent/guardian  Date

__________________________
Printed name of parent/guardian

__________________________  ____________________________
Home telephone  Email address

__________________________  ____________________________
Cellular and/or work phone  Emergency contact telephone

__________________________
Name of emergency contact

I consent to the use of my image or photograph, name, high school affiliation, and/or written and/or recorded oral
statements made in or about College Now as described above.

__________________________  ____________________________  ____________________________
Signature of **student**  Printed name of **student**  Date
Measles / Mumps / Rubella (MMR) Information

If you can provide a copy of your MMR immunizations from your high school, a Health Care Provider does not have to complete Part III. All health forms provided by the school MUST have an ink stamp, indicating the name of the high school.

Part III: To be Completed and Signed by a Health Care Provider

The New York State Department of Health has recommended that if a second dose of measles vaccine is needed, a combined MMR vaccination be given to ensure additional protection against rubella and mumps.

The following are requirements based on N.Y.S. Immunization Law

Check appropriate statement:

A. MMR (Measles, Mumps, Rubella) if given as a combined dose instead of individual immunizations.
   - 2. Dose 2 – 30 days or more after Dose 1 (and after 15 months of age) ................................. 9/17/99

B. Measles (Rubella)
   - 1. Has report of immune titer. Copy of laboratory report must be included ............................ / /
   - 2. Immune with live vaccine after 1/1/88 (and after 12 months of age) .............................. / /

C. Rubella
   - 1. Has report of immune titer. Copy of laboratory report must be included ............................ / /
   - 2. Immune with live vaccine after 1/1/88 (and after 12 months of age) .............................. / /

D. Mumps
   - 1. Has report of immune titer. Copy of laboratory report must be included ............................ / /
   - 2. Immune with live vaccine after 1/1/89 (and after 12 months of age) .............................. / /

(NOTE: The New York State Board of Health does not accept a Doctor’s diagnosis for the Measles, Mumps, and Rubella (MMR). All students must provide exact dates of receiving the MMR vaccines or a copy of the immune titer).

F. Medical Waiver

If one or more required immunizations may be detrimental to the student’s health or is otherwise medically contraindicated, the vaccination requirement shall be waived until such immunization is determined as no longer detrimental to the student’s health or otherwise medically contraindicated. A physician, physician’s assistant or nurse practitioners written statement must be attached that specifies those immunizations that may be detrimental and the length of time that they are detrimental. The written statement must be submitted with a medical exemption form

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A summary of the religious beliefs, which prohibit immunization. This statement must describe the beliefs in sufficient detail to allow a determination that (a) the beliefs are religious in nature (not philosophical) and (b) the beliefs are sincerely held.

Health Care Provider (Physician or other)

Name

Signature

SINGMAY SIU, M.D.
Provider’s Signature Art Required
SIMS Medical Services, PLLC
5615 7th Avenue
Brooklyn, New York 11220
Tel: (718) 567-3840
Fax: (347) 789-7852