SUMMER 2012 APPLICATION
for
NYC Public High School Students

DEADLINE: FRIDAY, APRIL 20, 2012

Program Dates: July 2 – August 9, 2012 (Monday – Thursday, 9:30am – 2:30pm)

Mail/ Hand Deliver Application to:
(FAXES ARE NOT ACCEPTED)
College Now Office
Baruch College
55 Lexington Avenue, B5-237
New York, NY 10010
Attn: Tony Davis, Director of College Now

QUESTIONS?
Email us at collegenow@baruch.cuny.edu or call us at (646)312-4295 or (646)312-4297

Friend us on Facebook: www.facebook.com/baruchcnnow

Application Checklist:
(Before mailing in the application, make sure you have ALL the documents below)
☐ Summer 2012 College Now Application
☐ College Now Student Application / Registration Form
☐ Baruch College Undergraduate Non-degree Student Application Form A2
☐ Baruch College Immunization Record
☐ MMR Form
☐ Parent/Guardian Notification and Consent Form
☐ SAT scores
☐ High School transcript
To enroll in a College Now course, a student must meet the following criteria:

- At least a 50 on the PSAT Critical Reading or at least a 480 on the SAT Critical Reading or at least a 75 on the English Language Arts Regents Exam

AND

- At least a 50 on the PSAT Math or at least a 480 on the SAT Math or at least a 75 on the Mathematics A or the Sequential II Regents Exam

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.

* Students who exceed 2 absences from either the morning or afternoon session will be automatically withdrawn from the program and receive no credit.

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-examinational 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 pits 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 a 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

## Summer 2012 College Now Application

First Name: _________________________________  Last Name: _________________________________

High School: _________________________________  Grade: ___________

Cell phone: _________________________________

Email address: ___________________________________________________

English Regents Grade _______  Math A/Sequential II Regents Grade _______

SAT Critical Reading _______  SAT Math _______

PSAT Critical Reading _______  PSAT Math _______

Please indicate your first three course choices, in order of preference. If you do not have a 2nd or 3rd choice, leave this option blank. College Now cannot guarantee that you will be accepted into your first choice. Conditional acceptance letters will be mailed to students who meet the criteria contingent upon student/s RSVP for a mandatory orientation prior to the start of the course. Failure to attend orientation will lead to forfeiture of your seat.

<table>
<thead>
<tr>
<th>1st Choice Course Name</th>
<th>_________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Choice Course Name</td>
<td>_________________________________</td>
</tr>
<tr>
<td>3rd Choice Course Name</td>
<td>_________________________________</td>
</tr>
</tbody>
</table>
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.) Fall (Sept. - Dec.)

To be completed by 'College Now' staff

HS ETS Code  High School Name
33 -

Semester  CUNY College
Summer 2012  Baruch College

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

1   College Course........... Catalog Course Number   Number of Credits  3.0
   Use this line if the student is taking a second "College NOW" course this semester
   [X] College Course........... Catalog Course Number

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 2012
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
***Please note that the following two forms **MUST** be filled out completely or your application to the College Now Program *will not* be processed.

**Immunization Record Form** (to be filled out by parent or guardian)

AND

**Measles / Mumps / Rubella (MMR)** (to be filled out by physician or school nurse)
A copy of your high school medical forms can be submitted instead of the MMR form, so long as the form *includes your high school stamp*.

ONCE AGAIN PAGES 8 AND 9 (IMMUNIZATION FORMS) MUST BE FILLED OUT. PLEASE DO NOT LEAVE PAGE 8 AND 9 BLANK.
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#: _____-____-____ Day Phone: (_____) _____-______

Month    Day    Year

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 (Menomune) 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.
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.

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) ........................... ____/____/____

( 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).

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.

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Health Care Provider (Physician or other)  Provider’s Stamp and Signature Are Required

Name ___________________________________________________________ Address ___________________________________________________________

Signature ______________________________________________________ Telephone # (______) ______ - __________
Parent/Guardian Notification and Consent

(Please note: An alternate form is available for students who are eighteen or older.)

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, 9:30am – 2:30pm from July 2 to August 9, 2012.

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 student        Printed name of student              Date

Signature of parent/guardian     ____________________________     Date

Printed name of parent/guardian     ____________________________     Home telephone

Cellular and/or work phone              ____________________________     Email address

Name of emergency contact              ____________________________     Emergency contact telephone

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.

_____________________________    ____________________________     Date
Signature of student        Printed name of student