Fall 2010

Dear Student:

College Now at Baruch College invites qualified students to take a course at the college for free in the fall 2010 semester. To qualify, you must meet the following criteria:

- Student must be a high school junior or senior in a NYC public high school in fall 2010.
- Student must have scored at least a 50 on the Critical Reading section of the PSAT, or at least a 480 on the critical reading section of the SAT, or at least a 75 on the English Language Arts Regents.
- Student must have scored at least a 50 on the Mathematics section of the PSAT, or 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.

Supporting high school transcripts and PSAT or SAT scores must be submitted with your application. Part III of the “Immunization Record” does not have to be filled out by a doctor if you are able to attach your immunization record that is on file at your school. School immunization forms must have an ink stamp, indicating the name of the school.

All forms should be mailed to College Now, 55 Lexington Avenue, B5-237, New York, NY 10010. The deadline is Thursday, July 29th. FAXED OR SCANNED COPIES OF THE APPLICATION WILL NOT BE PROCESSED.

The fall semester begins on August 26 and ends with the final day of exams on December 21. Orientation will be held in August at 3:00pm at Baruch College, 55 Lexington Avenue, between 24th and 25th Streets, room TBA.

College Now provides a wonderful opportunity for students to gain a head start in college, but it is also a serious commitment. Baruch College Now courses will become a part of the CUNY college transcript. If a student enrolls in Baruch College as an undergraduate student, the grade that he/she earns through College Now will be included in the college G.P.A. All students enrolled in a course at the college receive a Baruch College ID card and will have access to the college’s facilities.

If you have questions, please contact me at 646.312.4295 or collegenow@baruch.cuny.edu. I look forward to seeing you at Baruch College.

Sincerely,
Tony Davis
Director of College Now
and Collaborative Programs
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

**BUS 1000: INTRODUCTION TO BUSINESS (3 CREDITS)**

Tuesday and Thursday, 4:10pm – 5:25pm

Business 1000 gives students 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, issues.

**COM 1010: SPEECH COMMUNICATION (3 CREDITS)**

Tuesday and Thursday, 4:10pm – 5:25pm

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.

**FIN 1601: PERSONAL FINANCE (3 CREDITS)**

Tuesday and Thursday, 4:10pm – 5:25pm

Discusses the problems involved in efficient handling of personal finance and consumption expenditure, including consumer protection, taxation, insurance, home financing, and methods of borrowing and investing money.

**PSY 3061: PSYCHOLOGY OF LIFE EXPERIENCE (3 CREDITS)**

Monday and Wednesday, 4:10pm – 5:25pm

This course focuses on the development of the healthy person throughout the life cycle. It examines the basic life crises and many stressful situations most individuals’ experience (e.g., sexual behavior, marriage and family, work and career, aging and death) and considers ways in which mastery and growth can emerge from life crises. The course presents the major theoretical and research contributions of psychoanalysis, behaviorism, humanism, and cognitive psychology and explores their application to an understanding of the normal adjustment process at each stage of the life span.
FALL 2010 COLLEGE NOW APPLICATION

First Name: _________________________________  Last Name: ____________________________

High School: _________________________________  Grade: ___________

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

SAT Critical Reading _______  SAT Math _______

PSAT Critical Reading _______  PSAT Math _______

Email: _________________________________________

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.

1st Choice Course Name _______________________________________________________________

1st Choice Course Day(s) & Time _________________________________________________________

2nd Choice Course Name _______________________________________________________________

2nd Choice Course Day(s) & Time _________________________________________________________

3rd Choice Course Name _______________________________________________________________

3rd Choice Course Day(s) & Time _________________________________________________________

Application Checklist

☐ Fall 2010 College Now Application
☐ College Now Student Application / Registration Form
☐ Baruch College Undergraduate Nondegree Student Application Form A2
☐ Baruch College Immunization Record (page 1 & 2)
☐ Parent/Guardian Notification and Consent Form
☐ SAT scores
☐ High School transcript
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
Please use all CAPITAL letters

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  Hispanic
(optional)  White/Non-Hispanic  Other

Country of Origin  Native Language

Please indicate when you started the 9th Grade by entering the YEAR you started 9th Grade and checking the appropriate SEMESTER box

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
Fall  2010  Baruch College

College Now Activity Type  Number of Credits
1 College Course............ Catalog Course Number  3.0
Use this line if the student is taking a second "College NOW" course this semester
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)
5 Other College Now Course or Workshop (not checked elsewhere and different from the above workshop)

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

Application for: Fall 2010

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
IMMUNIZATION RECORD

Proof of Immunization is required prior to registration.

Part I: To be Completed by the Student

Last Name: ___________________________   First Name: ____________________________

Date of Birth: _______________  Social Security#: _____-____-____  Day Phone: (_____) _____-______

Address: ______________________________________________________________________________

Month    Day   Year

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 ___________________

(Menagococcal 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. All health forms provided by the school MUST have an ink stamp, indicating the name of the 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.
   --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 (Ruboela)
   --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.

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

Name ____________________________________________ Address _______________________________________

Signature __________________________________________ Telephone # (______) _____ - ___________
The City University of New York

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 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 in the fall semester, August 26 – December 21, 2010.

I understand that my child may travel to the college site 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 __________________________

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.

Signature of student __________________________ Printed name of student __________________________ Date __________________________