SPRING 2012 APPLICATION

Classes start on January 30, 2012

**DEADLINE: THURSDAY, DECEMBER 15, 2011**

Return Application to:
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

Application Checklist:
(Before you mail the application make sure you have **ALL** the documents below)
- Spring 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

BUS 1000: INTRODUCTION TO BUSINESS (3 CREDITS)

Tuesday and Thursday, 4:10 – 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, 4:10 – 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.

ENG 2100: ENGLISH WRITING I (4 CREDITS)

Tuesday and Thursday, 3:45 – 5:25pm

This is an intensive course dealing with the organization and development of ideas in coherent, interesting, effective essays. It emphasizes the interpretation and evaluation of a variety of prose forms with the aim of extending a writer’s options for organizing and developing various kinds of subject matter. Students are required to write a research paper. The work of the course is conducted in classroom, small-group, and one-on-one sessions.
POL 1101: AMERICAN GOVERNMENT: PRACTICES AND VALUES (3 CREDITS)

Monday and Wednesday, 4:10 – 5:25pm

An analysis of democratic ideas and practices, with special reference to the American Constitution and the democratic process in the United States.

PSY 1001: GENERAL PSYCHOLOGY (4 CREDITS)

Monday and Wednesday, 3:45 – 5:25pm

OR

Tuesday and Thursday, 3:45 – 5:25pm

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. Students select from the following: three hours of participation in a library research workshop on psychological topics; or preparation of a proposal for a simple experiment.
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.

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 _________________________________________________________
College Now  Registration Form

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

Spring 2012  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  Number of Credits  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
What time does your current last period end (high school)? _______________________

What time do you expect your last period to end during the spring high school semester? ______________

Are you currently looking for part time employment? ______________

Are you involved in any extra-curricular activities? If so which one/s? ______________

Would you be interested in returning to take a college course for summer 2012? If so, please circle one: Introduction to Business, Speech Communication, Journalistic Writing, Personal Finance, General Psychology, Introduction to Sociology, English Writing, Political Science, Business Law

Essay question: Define the term Commitment as it pertains to taking and completing a college level course. (Please type your response and add as an attachment.)
UNDERGRADUATE NONDEGREE STUDENT APPLICATION FORM A2

Application for: Spring 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.
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 of 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

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.

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

Name________________________________________ Address________________________________________

Signature________________________________________ Telephone # (_____ ) _____ - ________
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 spring semester, January 30 – May 24, 2012.

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 __________________________