Dear Student:

College Now at Baruch College invites qualified students to take a course at the college for free in the fall 2012 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 2011. Second semester sophomore who have scored 50 or higher on the critical reading and math sections of the PSAT will also be considered.

- 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 Attn: Tony Davis, 55 Lexington Avenue, B5-237, New York, NY 10010. The deadline is Thursday, June 28th.

FAXED APPLICATIONS WILL NOT BE PROCESSED. PLEASE MAIL APPLICATIONS TO ADDRESS ABOVE.

The fall semester begins on Monday, August 27 and ends with the final day of exams on December 20. Orientation will be held at Baruch College, 55 Lexington Avenue, between 24th and 25th Streets, room, date, and time 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)

Monday and Wednesday, 4:10 – 5:25pm

OR

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.

ECO 1001: MICRO-ECONOMICS (3 CREDITS)

Monday and Wednesday, 4:10 – 5:25pm

The theory of pricing and distribution under various marketing conditions. Government intervention in the market. Comparison of free enterprise with alternative, existing economic systems.

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 if 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.
BARUCH COLLEGE
FALL 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.

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 (Before you mail the application make sure you have the documents below)

☐ Fall 2012 College Now Application
☐ College Now Student Application / Registration Form
☐ Baruch College Undergraduate Nondegree Student Application Form A2
☐ Baruch College Immunization Record & MMR Form – Please see page 10 for an example of a properly completed form
☐ Parent/Guardian Notification and Consent Form
☐ Copy of CollegeBoard Score Report for PSAT or SAT
☐ High School transcript
# Student Application / Registration 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

<table>
<thead>
<tr>
<th>Student OSIS #</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

- **Please use all CAPITAL letters**

  - **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
  - 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**
- **Semester**
- **CUNY College**
  - Fall 2022
  - Baruch College

### College Now Activity Type

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Number of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>College Course........... Catalog Course Number</td>
<td>3.0</td>
</tr>
<tr>
<td>2</td>
<td>College Course...........Catalog Course Number</td>
<td>Number of Credits</td>
</tr>
<tr>
<td>3</td>
<td>One High School Credit Course</td>
<td>Two High School Credit Courses</td>
</tr>
</tbody>
</table>

- **Check one box only**

- **Other College Now Course or Workshop (not checked elsewhere)**
- **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 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 ____________________________

Length of time in NYC Years/Months in NYS 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: (_____) _____-______

Address: ______________________________________________________________________________

Month    Day   Year

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/bdmb/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 fall 2012 semester, August 27 – December 20, 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 ____________________________