



**SUNY Canton**  
**Collegiate Science and Technology Entry Program**  
**(CSTEP)**  
**Application for Admission 2018-19**

Please print or type (*do not leave any fields blank, incomplete applications will not be considered*).

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
House/Apt Number/Street City, State, Zip

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Applicant's SUNY Canton E-mail Address:** \_\_\_\_\_

**Are you a first generation college student?** Yes \_\_\_\_ No \_\_\_\_

**Are you a Full-time student?** Yes \_\_\_\_ No \_\_\_\_

**Are you a New York State resident?** Yes \_\_\_\_ No \_\_\_\_

**Ethnicity:** (Circle One)

- |   |                              |
|---|------------------------------|
| 1. African-American (includes all individuals of African descent) | 4. Hispanic or Latino/Latina |
| 2. Native American Indian/Alaskan Native                          | 5. White*                    |
| 3. Asian/Pacific Islander*  | 6. Other * _____             |

**\* Economic Eligibility will need to be determined before acceptance into program is granted**

**Name of High School:** \_\_\_\_\_

**Were you enrolled in a STEP or LPP program in High School?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If YES, which one?** \_\_\_\_\_

**If Transferred, name and location (city, state) of previous college:**

\_\_\_\_\_ **Major:** \_\_\_\_\_

**Were you enrolled in a CSTEP program at that institution?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Current Major:** \_\_\_\_\_ **Academic Advisor:** \_\_\_\_\_

Please circle one: FRESHMAN      SOPHOMORE      JUNIOR      SENIOR

**Last Semester GPA:** \_\_\_\_\_ **Current Cumulative GPA:** \_\_\_\_\_

**Year you matriculated fulltime into a college program for the first time:** \_\_\_\_\_

**Will you be completing an Internship, Clinical, or Research as part of your Major Requirements?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

**Intended Career:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Are you enrolled in any of the following opportunity programs:** EOP \_\_\_\_\_ TRIO SSS \_\_\_\_\_

**Why are you interested in joining the CSTEP Program:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All of the information on this form is true and complete to the best of my knowledge. I authorize CSTEP to secure the financial and academic information necessary to determine my eligibility and otherwise administer the program. If selected, I agree to participate fully in the Collegiate Science and Technology Entry Program at SUNY Canton. Submission of this application does not guarantee acceptance in to the CSTEP program. Acceptance into CSTEP is determined at the discretion of the CSTEP staff.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Application material and questions should be directed to:**

Stacia Dutton, Project Director  
Collegiate Science and Technology Entry Program  
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