



SUNY Canton
Collegiate Science and Technology Entry Program
(CSTEP)
Application for Admission 2017-18

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
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Canton, NY 13617
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