



College of Staten Island – College Now
Program Information – Spring 2018

Registration dates: Monday, December 4th to Friday December 8th
Registration will be held 9:30am – 4:30pm
College of Staten Island - South Administration **Building 1A, Room 208**

REGISTRATION IS FIRST COME FIRST SERVED

- The following information **MUST** be presented at the time of registration
 - A copy of a current transcript (UNOFFICIAL)
 - PSAT/SAT/ACT SCORES** (If needed to document the student has fulfilled course prerequisites)
 - A copy of the student's Social Security card (**If never issued a Social Security number, the college will assign a temporary ID number**)
 - A completed College Now Registration form and Cover Sheet
 - A completed College Now Parent/Guardian Consent form
 - A completed Immunization Certification form – NO DOCTOR SIGNATURE NEEDED.
Parent/Guardian signature 3-B ONLY
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Please note that students are **NOT** required to register in person.
A parent can register for the student provided they bring the required documentation.

Sophomores are no longer eligible to take College Now courses
during the fall and spring semesters
Juniors and Seniors ONLY

The following page contains a description of each course, course prerequisite and schedule

Please call the College Now office if you have any questions | 718-982-2711

BIO 106 PRINCIPLES OF BIOLOGY I -- 3 CREDITS**SATURDAYS 10:00 AM - 3:15 PM*****BIO 107 PRINCIPLES OF BIOLOGY I -- 1 CREDIT***** Time subject to change**

Introductory biology for non-science majors. Structure and function of the body and the effects of the environment on it. Fundamental biological principles and concepts and their applications to relevant concerns such as drug addiction, food additives, physical fitness, and the population explosion.

Laboratory experiences illustrating principles and topics discussed in BIO 106.

PREREQUISITE: CC Algebra Regents or CC Geometry Regents grade 70+ or CC Alg2/Trig Regents grade 65+* or 530 SAT Math or 21 ACT Math. MUST also be on track to have successfully completed 3rd year of math at the time of registration.

* "Non-CC" Algebra, Geometry, or Alg2/Trig Regents need 80+ instead of 65+ or 70+.

CIN 100 INTRODUCTION TO FILM -- 3 CREDITS**SATURDAYS 9:00 AM - 12:20 PM**

An introduction to the terms and methods of film analysis. The course emphasizes critical viewing and writing, with attention to cinematography, editing, sound, narrative, authorship, genre, and ideology.

PREREQUISITE: ELA Regents grade 75+ or 480 SAT Verbal or 27 PSAT Reading or 20 ACT English section.

ENG 111 INTRODUCTION TO COLLEGE WRITING -- 3 CREDITS**SATURDAYS 9:00 AM - 12:20 PM**

Introduction to and development of critical and analytic writing/reading/thinking skills through class discussion of student work and selected texts. Intensive instruction in techniques for the planning, drafting, revising, and editing of college-level expository essays. Introduction to using the various research options available at the CSI Library.

PREREQUISITE: ELA Regents grade of 75+ or 480 SAT Verbal or 20 ACT Verbal.

****SENIORS ONLY** PSAT SCORES NOT ACCEPTED**

MTH 113 INTRODUCTION TO PROBABILITY AND STATISTICS -- 4 CREDITS**SATURDAYS 9:00 AM - 12:20 PM**

Measures of central tendency and dispersion, the normal curve, hypothesis testing. Linear correlation and regression, basic concepts in probability with application to problems in the social, behavioral, physical, and biological sciences. Statistical computer programs will be used extensively.

PREREQUISITE: CC Geometry Regents 70+ or Geometry Regents 80+ or 530 SAT Math or 21 ACT Math

PSY 100 PSYCHOLOGY -- 3 CREDITS**SATURDAYS 9:00 AM - 11:30 AM**

A study of the important facts and theories concerning human behavior and its motivation. Included will be research methodology; at least three topics from learning, cognition, testing, physiology, and phenomenology; and at least three topics from personality, psychopathology, emotion and motivation, history and systems, development, and social factors. Topics will be related to major trends in recent cultural history and to current social and moral issues.

PREREQUISITE: ELA Regents grade 75+ or 480 SAT Verbal or 27 PSAT Reading or 20 ACT English section.

SOC 212 CRIMINOLOGY -- 4 CREDITS**SATURDAYS 9:00 AM - 12:20 PM**

Sociological research and theory on crime and criminal behavior. Social, cultural, economic, and psychological factors affecting crime. The definition of crime in historical and cross-cultural perspectives: interpersonal violence, organized crime, corporate crime, and political violations of human rights.

PREREQUISITE: College Now SOC 100 grade C or better.

FOR OFFICIAL USE ONLY					
COPIES/ FORMS RECEIVED			ENTRIES	DATE	Initial
COVER SHEET		SAT/ACT/PSAT	EXCEL DB		
CUNY REG FORM		SS COPY	REGISTERED		
CONSENT		IMMUNIZATION	EXTERNAL ID		
TRANSCRIPT		STUDENT GRP	EX EDUCATION		
			WELCOME LTR		

COLLEGE NOW COURSE COVER SHEET
Spring 2018

CUNY ID

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LAST NAME: _____ FIRST NAME: _____

What grade are you presently in (please circle): Junior Senior

What College Now courses have you previously taken?

Please circle the course you are registering for:
SOPHMORES ARE NO LONGER ELIGIBLE TO TAKE COLLEGE NOW COURSES

Registering for:	Students must meet the following criteria:	Please provide the appropriate test score(s):		
		ELA	SAT/ACT	PSAT
CIN 100	Course Requirement: ELA Regents grade 75+ or 480 SAT Verbal or 27 PSAT Reading or 20 ACT English section			
PSY 100				
ENG 111	Course Requirement: ELA Regents grade of 75+ or 480 SAT Verbal or 20 ACT Verbal ** SENIORS ONLY** PSAT SCORES NOT ACCEPTED	ELA	SAT	ACT
BIO 106/107	Course Requirement: CC Algebra Regents or CC Geometry Regents grade 70+ or CC Alg2/Trig Regents grade 65+* or 530 SAT Math, or 21 ACT Math MUST also be on track or have successfully completed 3 rd year of math at the time of registration. * "Non CC" Algebra, Geometry, or Alg2/Trig Regents need 80+ instead of 65+ or 70+	Math Regents	SAT	ACT
MTH 113	Course Requirement: Geometry Regents 80+ or CC Geometry Regents 70+ or 530 SAT Math 21 ACT Math	Geometry	Algebra	X
SOC 212	Course Requirement: College Now SOC 100 grade C or better.	SOC 100		X

Please PRINT clearly and legibly.

Student OSIS Number Student CUNY EMPLID

First Name Last Name Middle Initial

Street Address Apt. #

City State Zip

Email Address Home Phone () -

Date of Birth (MM / DD / YYYY) ___ / ___ / ___ Sex (M/F)

Cell Phone () -

Race / Ethnicity

1. Are you Hispanic / Latino? Yes No

2. Select one or more races: American Indian / Alaska Native Asian
 Black / African American Native Hawaiian / Other Pacific Islander White

What is your parent or guardian's highest level of education? (select one):

Post Graduate or Professional College Degree Some College Education High School Graduate
 Some High School 8th Grade or Less I don't know

TO BE COMPLETED BY COLLEGE NOW STAFF

HS ETS Code High School

Semester Spring 2018 CUNY College College of Staten Island

Course ID Course Name Check if course is 'waiver funded'

Course Level: College Credit College non-credit Pre-college CN Course / CNFC CN Workshop

Course Location: College Campus High School Campus

Instructor's Primary Affiliation: College Full Time Faculty College Part Time / Adjunct Faculty High School Teacher



Parent/Guardian Notification and Consent

The City University of New York

The College of Staten Island

Spring 2018

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 _____ which is located at _____

(print name of student)

(name of high school or CUNY college)

(street address of high school or CUNY college)

My child is registering for _____ Semester _____

(course title)

(fall, spring or summer)

The day (s) and hours the course will take place _____

If the course takes place at a CUNY college, 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 _____

If for any reason your child cannot continue to attend this course, it is his/her responsibility to inform the College Now office in order to go through a formal drop procedure. Failure to do so will lead to a permanent failing grade on his/her college transcript.

I understand and accept all of the conditions outlined above.

Signature of parent/guardian

Date

Printed name of parent/guardian

Telephone

Name of emergency contact (please print)

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

IMMUNIZATION RECORD

Immunization records are required prior to registration.

Please complete this form and return it to Health & Wellness Services 1C, Room 112 or fax to 718.982.2966.

*Document must be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission. *Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students registering for 6 credits or more (or its equivalent) must also complete Part 3 - Meningococcal Vaccination Response on reverse side.*

Part 1: Student Information				-- To be completed by the student --			
Name (please print) _____							
<i>Last name</i>		<i>First name</i>		<i>Middle Initial</i>			
Date of Birth	EMPL ID #	Daytime phone	Email address				
____ / ____ / ____ <i>mm dd yyyy</i>	____ - ____ - ____ - ____	(____) ____ - ____	_____				

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- (1) Immunization cards from childhood (yellow card), signed and stamped.
- (2) Immunization records from college, high school or other schools you attended.
- (3) Signed and stamped immunization record from your health care provider, clinic or immunization records obtained from a public health department immunization information system. Students born after 1994 who were raised in New York City can check the Citywide Immunization Registry for their records by calling the College Health Services or 311.
- (4) Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.
- (5) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

****If you attended a CUNY college, your immunization record will be available at your new school****

Part 2: Immunization History		-- To be completed by a health care provider -- *Documentation must be included*			
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes					
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.	MMR (<i>measles, mumps, rubella</i>) – if given as combined dose instead of individual vaccine.	month	day	year
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 22, 1971				
	<input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine				
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND				
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose				
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday				
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday				
O R	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)		month	day	year
	<input type="checkbox"/> Measles				
	<input type="checkbox"/> Mumps				
	<input type="checkbox"/> Rubella				
B.	Health care provider information: (Please include official stamp)				
	Name: _____		Address: _____		
	Signature: _____		License #: _____		Phone :() _____



New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to the College of Staten Island Health & Wellness Services (Health Center).

Part 3: Meningococcal Meningitis **To be completed by the student**

Instructions: *Please check one box in Section A below and sign and date in Section B*

A. I have (for students under the age of 18: My child has):

had meningococcal immunization within the past 5 years. The vaccine record is attached.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider.

read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.

B.

_____ / _____ / _____
 Student/ Parent Signature if student is under 18 years. mm dd yyyy

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or your Student Health Services at 718.982.3045 or *visit our website at:* www.csi.cuny.edu/studentaffairs/healthservices/

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT IMMUNIZATION RECORDS:

Mail to: College of Staten Island, Health & Wellness Services, 1C-Room 112, Staten Island, NY 10314

Fax to: 718.982.2966

Email: HealthCenter@csi.cuny.edu

Part 4: For Office of Health Services Staff Use Only

Processed by: _____ rec: _____ ent: _____

Staff Name: _____ Staff Signature: _____ Date: _____