



OFFICE OF OPPORTUNITY PROGRAMS

COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)

Student Application

Student Name: _____

Address: _____

Home Phone: _____ Campus Phone: _____ Box #: _____

NYS Resident? ____ Yes ____ No Country of Birth if other than USA: _____

Permanent Registered Alien? ____ Yes ____ No

Declared Major: _____

Degree Goal: ____ Associates Degree ____ Bachelor's Degree ____ Master's Degree

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Address: _____

Daytime Phone Number: _____

Sex: ____ Male ____ Female

Ethnicity: ____ African-American* ____ Hispanic/Latino

____ Native America/Alaskan Native ____ White

____ Other _____

*(Includes all individuals of African descent)

Participation in Pre-College Programs:

____ STEP ____ Upward Bound ____ EOP ____ Other _____

Career Interests: ____ Accounting/CPA ____ Occupational Therapy ____ Physical Therapy

____ Psychology/Child Life ____ Nursing ____ Math/Science Teaching

____ Pre-Med/Pre-Law

____ Other _____

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, typical of notebook paper. The background is white, and there are no margins, text, or other markings present.