Dear Undergraduate Childhood Education Program Applicant,

Please submit your COMPLETE application to the attention of Dr. Margaret E. Bérci, the Undergraduate Childhood Education Program Coordinator, in room 3S-208, by 5:00 p.m. on March 7, 2014

As you complete your application, please attend to the following reminders:

- Complete all information on the application form in legible penmanship.
- Include transcripts from all colleges attended. CSI transcripts may be unofficial.
- Make sure that your nomination forms have been sent to the education department. Nomination must be from faculty members (inside or outside of the Education Department) whose course you have completed by the time you submit this application.

- Reserve your space to write the onsite, proctored, Application Essay; either on Tuesday February 25, 2014 (2:30 pm- 4:00 pm) or on Friday March 7, 2014 (6:30 – 8:00 p.m.). Sign-up sheets will be available on the bulletin board outside room 3S-105B until 5:00 p.m. on February 24, 2014. The essays will be written in 3S-206.
COLLEGE of STATEN ISLAND/CUNY
SCHOOL of EDUCATION
UNDERGRADUATE CHILDHOOD EDUCATION PROGRAM

APPLICATION

1) CONTACT INFORMATION:

Name________________________________________________________

Soc. Sec. # ___________________________ Emplid #___________

Phone #__________________________

Address _______________________________ _______________________________

City/State_______________________________ Zip Code ______________

E-mail __________________________________________________________

2) PREVIOUS EDUCATION:

List all post-secondary institutions you have attended, beginning with the name of current or last attended. A transcript must be supplied for every college you attended including CSI. For CSI, the transcript only needs to be an unofficial copy.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>State</th>
<th>Date of Attendance From Mo. /Yr. To Mo.</th>
<th>Approximate number of credits completed</th>
<th>GPA</th>
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3) **Ethnicity Survey (optional):**

The information below is being collected to meet research and federal reporting requirements. It is confidential and will not be released except in the form of statistical summaries in which individuals are not identified. Response is voluntary. This information has no bearing on either admissions or academic decisions.

A) Which category describes you best?

___ American Indian or Native Alaskan (06)     ___ Puerto Rican (03)
___ Asian or Pacific Islander (05)            ___ White, Non-Hispanic (01)
___ Black, Non-Hispanic (02)                  ___ Other (07)___________
___ Hispanic (04)                             ___ Choose not to answer (09)

B) From what country or part of the world did you or your family originally come? Check the box next to the country or part of the world with which you most identify.

___ Bangladesh (012) ___ Germany (056) ___ Italy (076) ___ Russia (158)
___ Barbados (013)    ___ Greece (060)    ___ Jamaica (077) ___ South Africa (139)
___ China: Mainland (032) ___ Guyana (065) ___ Korea (083) ___ Thailand (150)
___ China: Taiwan (148) ___ Haiti (066)    ___ Nigeria (113) ___ Trinidad (153)
___ Columbia (033)     ___ Hong Kong (170) ___ Panama (117) ___ Ukraine (223)
___ Cuba (038)         ___ India (070)     ___ Peru (120)    ___ Vietnam (178)
___ Dominican Rep. (045) ___ Ireland (074) ___ The Philippines (121)
___ Ecuador (046)      ___ Israel (075)    ___ Poland (122)
___ England, Scotland, or Wales (160)        ___ Puerto Rico (185)

Other, specify ____________________________

C) Where were you and each of your parents born?

Check one in each column:

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<tr>
<th>You</th>
<th>Mother</th>
<th>Father</th>
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Born in the U. S. excluding Puerto Rico or U.S. Territories

Born in Puerto Rico or U.S. Territories

Born outside the U.S.

D) Do you speak a language other than English at home? ___ Yes ___ No

If yes, with which language do you feel more comfortable?

___ English     ___ Language other than English     ___ Equally comfortable with both
4) REFERENCES:

Please ask two faculty members, whose course you have completed, to nominate you for admission into the undergraduate elementary education program. Please distribute the attached Nomination Forms to two faculty members and provide the name and phone number of the two faculty members below.

1.________________________________ 2.________________________________

Applicants should attach a copy of their transcript(s) to the completed application form and have the two faculty nomination letters/forms sent to Dr. Margaret E. Bérci, Undergraduate Childhood Education Program Coordinator, Education Department, 3S 208

5) THE APPLICATION ESSAY:

To complete your application you are required to write a quality essay in a proctored environment. This part of the application process will take place in the computer lab in **3S-206 on February 25 between 2:30 p.m. and 4:00 p.m. or on March 7 between 6:30 and 8:00 p.m.** You will have one and a half hours to write a quality essay that addresses one of several suggested topics that will be given to you on the day that you have chosen to write. You will use the Microsoft Word program and may take advantage of the spell check and grammar check that are tools on the program. You may not utilize resources from online, use your cell phone, or any other additional sources to write you essay.
COLLEGE OF STATEN ISLAND/CUNY
SCHOOL of EDUCATION
UNDERGRADUATE CHILDHOOD EDUCATION PROGRAM
NOMINATION FORM

To be completed by applicant:

I am requesting that ______________________________ (print name of person nominating the student) complete the nomination form as part of my application for admission to the College of Staten Island Undergraduate Childhood Education program. With respect to any rights that I may have regarding access to the nomination form at a later date, (check one):

___ I waive my rights to have access to this nomination form.
___ I do not waive my rights to have access to this nomination form.

____________________________________  __________________________________
Printed name of applicant  Signature of applicant

Date

To the nominating faculty member: If you are willing to nominate this student for admission into the Undergraduate Childhood Education program, please sign and return this form either to the student or to Dr. Margaret E. Bérci, Program Coordinator, Education Department, 3S-208, no later than March 7, 2014. Thank you for your contribution to the application process.

****

I hereby nominate the student named above for admission into the Undergraduate Childhood Education program. In my estimation, this candidate’s academic achievement warrants his/her admission into the program.

____________________________________  __________________________________
Faculty Member Name  Signature

____________________________________  __________________________________
Course Taken by Student  Semester

____________________________________  __________________________________
Telephone  Date

COMMENTS: (use back of sheet if more space is needed) ________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
COLLEGE OF STATEN ISLAND/CUNY  
SCHOOL of EDUCATION 
UNDERGRADUATE CHILDHOOD EDUCATION PROGRAM 
NOMINATION FORM 

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___ I waive my rights to have access to this nomination form. 

___ I do not waive my rights to have access to this nomination form. 

____________________________________
Printed name of applicant

____________________________________
Signature of applicant

____________________________________
Date

To the nominating faculty member: If you are willing to nominate this student for admission into the Undergraduate Childhood Education program, please sign and return this form to either the student or to Dr. Margaret E. Bérci, Program Coordinator, Education Department, 3S-208, no later than March 7, 2014. Thank you for your contribution to the application process.

****

I hereby nominate the student named above for admission into the Undergraduate Childhood Education program. In my estimation, this candidate’s academic achievement warrants his/her admission into the program.

____________________________________
Faculty Member’s Name

____________________________________
Signature

____________________________________
Course # Taken by Student

____________________________________
Semester in which Course was Completed

____________________________________
Telephone

____________________________________
Date

COMMENTS: (use back of sheet if more space is needed) ______________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________