

SUNY Upstate Medical University

CSTEP

COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)



A new mentoring program for students **STUDENT Enrollment Form**

Please Print or Type (Please answer all questions. Do not leave any questions blank)

Student Data Form/Application:

DATE: ___/___/___

BIOGRAPHICAL INFORMATION

NAME: Last _____ First _____

DOB: _____ Upstate ID _____

Local address _____

City _____ State _____ Zip _____

Permanent Address:

City _____ State _____ Zip _____

Telephone: (____) _____ EMAIL ADDRESS: _____

GENDER: FEMALE ___ MALE ___

Are you a New York State resident? ___ Yes ___ No

Are you a US citizen? ___ Yes ___ No If No, Country of citizenship: _____

Are you a US Permanent Resident ___ Yes ___ No

What is your race/ethnicity? (Bold all that apply)

___ African American (includes all individuals of African descent)

___ Hispanic/Latino (specify) _____

___ Asian/Pacific Islander (specify) _____

___ Native American Indian/Alaskan Native

___ Caucasian/White

___ Other (please specify: _____)

ACADEMIC INFORMATION

What is your college of enrollment? (please check)

___ Medicine (please circle year) MSI MSII MSIII MSIV Resident

___ Nursing (please indicate degree program) _____

___ Health Professions (Please indicate program) _____

___ Graduate Studies (Please indicate program) _____

Anticipated year of graduation _____

What institution did you attend prior to coming to SUNY Upstate Medical University? _____
Major/Field of study _____ Graduation year _____

Are you/ or were you a first generation college student ___ Yes ___ No

How did you hear about CSTEP?
___ Friend ___ Student organization ___ Faculty Staff ___ Other

Please list or attach any internships or research positions you have held. Please include type of research/or nature of internship, name of placement site, description of research/internship assignment, dates, and number of completed hours.

Please List or attach any personal achievements, awards and honors.

FINANCIAL INFORMATION

Have you previously participated in any of the following programs? (please check all that apply)

- ___ STEP
- ___ CSTEP
- ___ EOP/HEOP
- ___ SEEK
- ___ Upward Bound
- ___ McNair Scholars Program

Have you received the following at any point in your undergraduate or graduate career.
(please check all that apply)

___ Pell Grant ___ TAP Grant ___ College Work Study

By signing below you agree to fully participate in the Collegiate Science and Technology Entry Program.

I _____, agree to participate in the CSTEP program at
 please print
SUNY Upstate Medical University.

Student Signature

Date

**Please return in person to room WH 0217
or via campus mail to:
Student Affairs, 1223 Weiskotten Hall
or
Nakeia Y. Chambers, MSED
Director
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, NY 13210**