

CSTEP & LSAMP APPLICATION 2008 -2009

*PLEASE PRINT CLEARLY

**CURRENT CSTEP STUDENTS ONLY NEED TO UPDATE CONTACT INFORMATION

Name: _____ Date: _____

UAlbany Id: _____ Date of Birth _____

Social Security # _____

Undergraduate Graduate Academic Yr. Frosh Soph. Junior Senior

Anticipated date of graduation: _____ Current GPA: _____

Are you an EOP student? Yes No

Home Address: _____

Home phone number: _____

Local Address: _____

Cell phone number: _____ E-mail: _____

Parent/guardian name(s): _____

Parent/guardian address (if different from your home address):

Are you a citizen of the United States? Yes No

Are you a resident of New York State? Yes No

Country of birth, if other than USA: _____

Are you a permanent resident of the USA? Yes No

Sex: Male Female

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White (must demonstrate economic disadvantage) |
| <input type="checkbox"/> Asian/Pacific Islander (must demonstrate economic disadvantage) | <input type="checkbox"/> Other: _____ |

Areas of Interest:

(Intended) Major/Field of study: _____

(Intended) Minor: _____

Intended Career

Choice: _____

Are you a former STEP student? Yes No

Have you ever conducted academic research as an undergraduate? Yes No

If so with whom and in what field? _____

Agreement

I, _____, agree to fully participate in activities sponsored by the Collegiate Science and Technology Program (CSTEP) at the New York State University at Albany.

Signature

Date

*Please return completed application to the CSTEP Program Coordinator.

CSTEP Application
Deanna T. Moorehead , CSTEP Program Coordinator
1400 Washington Ave, LI-94 H
Albany, NY 12222

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