*Office of Access, Opportunity & Achievement * East Towers 14th Floor * 607-274-1267 * sconsidine1@ithaca.edu*
Email completed form to Sara at sconsidine1@ithaca.edu or print and bring physical copy to office

Collegiate Science and Technology Entry Program (CSTEP)/
Careers in Science, Technology Engineering and Mathematics Program (CSTEM)

Application for Entry - AY 2026-2027

Student Name: _____**Student Identification Number:** _____

Date of birth (MM/DD/YYYY): _____ Class Level: ☐ FY ☐ SO ☐ JR ☐ SR ☐ GRAD

Gender: ☐Male ☐Female ☐Non-binary *(We invite you to provide this information for us to ensure we are reaching students of various identities and demographics. This information is used internally by our staff and is included in our reports to the New York State Education Department.)*

Race/Ethnicity (check all that apply):

☐Black/African American ☐Asian/Pacific Islander ☐Hispanic/Latino

☐Native American/Alaskan Native ☐White ☐Other_____

- *Black or African American. A person having origins in any of the Black racial groups of Africa.*
- *American Indian and Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.*
- *Hispanics or Latinos are those people whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.*

Are you a first-generation college student? ☐Yes ☐No

Major(s):_____

Minor(s):_____

What is your STEM, health, or licensed profession career interest? _____

Are you intending to pursue New York State Licensed Professions? See http://www.op.nysed.gov/prof/

If yes, please list _____

Mobile/Cellular Number: _____

Ithaca College Email Address: _____

New York State resident? ☐Yes ☐No

- Permanent Home Address: _____

Have you ever participated in the following programs? ☐STEP ☐P-Tech ☐ Smart Scholars Early College HS ☐Upward Bound ☐ LPP

Do you participate in any other IC programs (check all that apply)? ☐ IAP ☐ BOLD ☐ MLK

I, _____ _____, agree to fully participate in the CSTEP/M Program at Ithaca College, if accepted, including:

- Attending regular counselor meetings
- Attending the annual STEM & Health Conference
- Meeting with Peer Mentors if applicable
- Completing the Student Success Plan if applicable

_____ _____

Participant's signature Date

FOR OFFICE USE ONLY:

☐ **CSTEP** ☐ **CSTEM** ☐ **Not accepted**

Reason for rejection _____

CSTEP Coordinator/Director's Signature _____

Date_____