CUNY — The City University of New York

College Now
College Courses ONLY

Student Application / Registration Form

Note: If you do not wish to give your Social Security Number, please leave the field empty. If you do give your Social Security Number, it will not be released to outside parties other than CUNY and NYC Dept. of Education. The race/ethnicity category is optional.

CRITICAL THINKING - SUMMER PROGRAM 2025

Have you participated in College Now before?

☐ Yes   ☐ No

Course you are applying for: (Ex: ENG101.99999)

`H U P 1 0 2 . _ _ _ _ _`

Student OSIS # `_ _ _ _ _ _ _ _ _`

Social Security # `_ _ _ _ _ _ _ _ _`

Last Name

First Name

Street Address

Apt. #

City   **State**   **ZIP**   **Phone** (_ _ _) _ _ _ _ _ _ _

E-mail Address

Date of Birth (mm/dd/yy) `_ _ / _ _ / _ _`   **Sex (M/F)** `_`

Citizenship Status: ☐ Citizen ☐ Permanent Resident Non-citizen ☐ Other ☐ Unknown

Parent or Guardian Highest Level of Education:
☐ 8th Grade or Less ☐ Some High School ☐ High School Graduate ☐ Some College
☐ College Degree ☐ Post Graduate or Professional ☐ Don't Know

Race/ Ethnicity   **Select one or more races:**

☐ Hispanic/Latino ☐ Black or African American ☐ Asian ☐ White

☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native

Please indicate when you started the 9th Grade by entering the YEAR you started 9th Grade and checking the appropriate SEMESTER box

Year entered 9th Grade (YYYY) `_ _ _ _`

Semester entered 9th Grade
☐ Spring (Jan.-Jun.)
☐ Fall (Sept.-Dec.)

Current Grade (10th, 11th, or 12th)

HS ETS Code `33 - `

High School Name

Semester

CUNY College   **LaGuardia Community College**

TO BE COMPLETED BY 'COLLEGE NOW' STAFF

College Credit or Non-credit Course ONLY

1   **College Course..Catalog Course Number** (Ex: ENG101.99999)

Number of Credits
If course is a non-credit course, enter 0.0 for 'number of credits'

CUNYFirst EMPL ID

2   **Course Location:** ☐ College Campus ☐ High School Campus

☐ Returning Student   ☐ New Student

3   **Instructor's Primary Affiliation:** ☒ College Part Time/Adjunct Faculty

College Now Office   **Phone: (718) 482-5409**   **Fax: (718) 609-2148**

Please scan and email to: CollegeNow@lagcc.cuny.edu

Instructions for STUDENT completing this form   *USE CAPITAL LETTERS FOR ALL ENTRIES !*

Student OSIS .... Enter the nine-digit OSIS Number as it appears on your permanent record and program card. No registration will be entered without this number.

Social Security # .... Enter the nine-digit Social Security Number only if you know it. Leave this field blank if you do not know or do not have a Social Security Number.

Past CN Participation...................... Check 'Yes' if you participated in a CN Program before.

Last Name .... Enter your last name (surname or family name) - one letter per box.

First Name .... Enter the your first name (given name) - one letter per box.

Street Address .... Enter the building number and name of street or avenue where you live. Skip one box between number and street or avenue.

Apartment # .... If appropriate, enter the apartment number.

City .... Enter the city name used by the Postal Service (eg. Bronx, Brooklyn, New York, Staten Island, Flushing, Long Island City, Richmond Hill, etc.)

State .... Enter the two letter Postal Service abbreviation (eg. 'NY')

ZIP .... Enter the five-digit ZIP code used by the Postal Service.

Home Phone .... Enter your home telephone number - area code first.

E-mail Address................................ Enter your e-mail address. Be sure to distinguish between letters and numbers when necessary.

Cell Phone .... Enter your cell phone number - area code first.

Date of Birth .... Enter your date of birth by using the following format - two digits for the month, two digits for the day, and two digits for the year. (eg. September 30, 1984 would be entered as 09/30/84; April 3, 1984 would be entered as 04/03/83).

Sex .... Enter an 'M' for male or an 'F' for female.

Citizenship Status........................... Answer the student's current U.S. citizenship status.

Parent/Guardian Highest Level of Education... Answer your parent or guardian's highest level of education to the best of your knowledge.

Race/Ethnicity.................................. Answer both questions to best describe your race/ethnicity.

Year Entered 9th Grade................... Check the year and semester that you entered the 9th Grade. If you entered 9th Grade between Feb. & Aug. check 'Spring' - if you entered between Sept. & Jan. , check Fall.

Instructions for STAFF completing this form   *USE CAPITAL LETTERS FOR ALL ENTRIES !*

HS ETS Code .... Should be pre-printed on the form already. If not, enter the 4 digit ETS code for the High School

High School .... Should be pre-printed on the form already. If not, enter the High School Name

Instructions for completing "COLLEGE CREDIT or NON-CREDIT COURSE Information"

1. Use most recent College Catalog Course Number. Iinclude number of credits (eg. '3.0' or '4.5' or 0.0) and whether this course is a waiver-funded course. Do not include section numbers.
2. Check the appropriate box for the location of where the course is being offered.
3. Check the appropriate box for the primary affiliation of the instructor.

Use the SAME form only if student is enrolled in a SECOND college credit or non-credit course this semester.
Use the College Now Precollege Activities Registration Form if student is enrolled in a CN Foundation course, CN course, or CN workshop this semester.
You MUST submit a separate form for each semester even if the student was enrolled in the prior semester.

College Contact & Phone .... Should be pre-printed on the form already. If not, please enter both the name and phone number

Fax... Please enter your fax number-area code first.