

BROOKLYN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
2900 BEDFORD AVENUE, BROOKLYN, NEW YORK 11210

NOTE: The City University does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.

COLLEGE NOW AT BROOKLYN COLLEGE
HIGH SCHOOL CREDIT COURSE APPLICATION

Complete all information on both pages of this form. Please Print Clearly.
FAX both pages to 718 951 5896 or deliver to 2210 James Hall at Brooklyn College. Due by 5 pm Oct. 5th

E-mail: _____ OSIS No. _____ - _____ - _____

Name _____ Male ____ Female ____
(Last) (First) (Middle)

Address(Home) _____
(House Number and Street) (City) (State) (Zip Code)

Telephone No. (____) _____ Date of Birth _____
(Month) (Day) (Year)

Country of Origin _____ Native Language _____

Name of High School _____

Grade Level in Fall 2009 term: freshman _____ sophomore _____ junior _____ senior _____

Cumulative average in academic subjects _____ Guidance Counselor _____

Academic area(s) of interest _____

List the courses you would like to take in order of preference:

First preference: _____

My signature below indicates that I agree to the following:

- I certify that the information in this application is accurate and complete to the best of my knowledge.
- I understand that my application will not be considered unless it includes: an official transcript, a counselor/teacher's signature, a parent/guardian's signature and all required student information. I understand that it must be received by College Now at Brooklyn College by the stated deadline.
- I am aware that students will be enrolled in courses only as seats are available and budget permits.
- I agree that if I am accepted into this course I will attend all class meetings, complete all required assignments, follow the instructor's and College Now's rules and represent my school appropriately.

Parent Contract and Permission (signatures required at bottom of page):

Y N

I give permission for my child to participate in these activities and agree to hold Brooklyn College and College Now harmless. I assume all risks associated with my child's participation in this program, including travel between the course meeting place and my home. Necessary for participation.

Y N

I give permission for City University of New York (CUNY) to use my child's image, name, work or high school affiliation for CUNY's non-commercial purposes, including promotion of the *College Now* program and use on CUNY TV and cuny.edu, in any manner or media in perpetuity throughout the world. (Optional)

My signature below indicates that:

- I understand that my child's application will be evaluated by Brooklyn College's College Now program and that my child's school will be notified as to whether or not my child is accepted.
- I understand that my child is expected to attend all meetings of the class, except in case of documented emergency, and is expected to complete all work required to earn credit for the course.
- I give permission for my child to travel to and from the college for the class, or I plan to arrange transportation for my child to attend the class.

Emergency contacts (please provide best contact information for any adults responsible for student):

Parent/Guardian's Full Name _____ Phone number _____

Parent/Guardian's Full Name _____ Phone number _____