

Application

Instructions: Please use a computer to complete all the blue/gray sections of this form. Print the completed application and sign it. Submit your application along with a copy of your transcript and proof of citizenship or permanent residency to

Dr. Schneider: M-208 or M-213 (Biology & Geology Dept. Office)

Personal Data:

Name (First, Middle, Last): _____

Address: number and street _____

City _____ State _____ Zip _____

E-mail Address: _____

Telephone: home _____ cell: _____

Social Security #: _____ **CUNYfirst ID#** _____

Date of Birth: _____ **Gender:** ☐ M ☐ F **Marital Status:** ☐ M ☐ S

Demographic Data:

The Bridges/RIMS Program is open to students from underrepresented groups who are United States citizens or permanent residents. (*All the following questions appear on the NIH appointment form which will be filled out upon acceptance to the program*)

Ethnicity (check one or more): ☐ African American ☐ Hispanic ☐ American Indian

☐ US Pacific Islander ☐ Other (specify) _____

Residency Status: ☐ U. S. Citizen (submit copy of birth certificate or proof of citizenship)

☐ Permanent Resident (submit copy of green card)

Do you have a disability? ☐ Yes ☐ No ☐ Do not wish to provide

If yes, which of the following categories describe your disability(ies):

☐ Hearing ☐ Mobility ☐ Visual ☐ Other

Are you from a disadvantaged background?

☐ Yes ☐ No ☐ Do not wish to provide

Bridges to the Baccalaureate Program

Academic and Professional Data:

Overall GPA: _____ Credits Completed: _____ Expected Date of Graduation: _____

Which senior college are you planning to transfer to? _____

Which major are you planning to transfer into? _____

What is the highest degree you expect to obtain? (BS, MS, PharmD, MD, PhD etc.): _____

What is your ultimate Career Goal? _____

List any other college(s) you have attended

Institution	Major	Dates

Are you currently employed? ☐ No ☐ Yes

If yes, who is your employer? _____

Position: _____ Hours per week: _____

Faculty Recommendations: Two letters of reference from science/math faculty are required. Please list your references below. The Program will contact them via e-mail to request that they complete an online recommendation form.

1. Name _____ Department _____

2. Name _____ Department _____

Check List: Please check each item submitted or requested.

(Note: Incomplete Applications will not be reviewed by Bridges Committee)

☐ Bridges Application

☐ Proof Citizenship or Permanent Residency

☐ 2 Recommendations

☐ Transcripts from each college attended

I certify that all the information provided in this application is accurate and complete, to the best of my knowledge. If accepted into the program, I understand that providing false information is grounds for dismissal.

Student signature _____ Date _____